



**Magnetrol**  
5300 Belmont Road  
Downers Grove, IL 60515-4499  
630-969-4000  
Fax 630-969-9489

171504

April 22, 2002

Via Federal Express

Ms. Carol Ropski  
U.S. Environmental Protection Agency  
Emergency Enforcement &  
Support Section, SE-5J  
77 West Jackson Boulevard  
Chicago, IL 60604-3590

Reference: Downers Grove Groundwater Site – Responses from Magnetrol

Dear Ms. Ropski:

Enclosed you will find the answers to your questions, which have been answered to the best of our ability.

Very truly yours,

Richard Lamz  
Executive Vice President

RL:rm

Enclosure

## **Responses to Request to Schaub (c/o Magnetrol)**

### **ATTACHMENT B**

#### **Requests**

##### **General Response:**

The "Request for Information Pursuant to Section 104 of CERCLA for the Downers Grove Groundwater Site in Downers Grove, DuPage County, Illinois" was addressed to Schaub Engineering, c/o Magnetrol International." Magnetrol International, Incorporated (please note correct spelling of company name) purchased the assets of The Schaub Corporation on February 21, 1978. Magnetrol is not the successor to Schaub. However, in the spirit of cooperation, Magnetrol has provided the limited information it has which is responsive to the requests to Schaub. The providing of this information is no way an indication that Magnetrol is a successor to Schaub, or that Magnetrol is responsible or liable for Schaub, and is not a waiver of any claim on that issue. Because this response is limited to responses based on Magnetrol's knowledge of Schaub's operations, the responses are limited in time, up to 1978, and include no information after that date.

##### **Response to Question No. 1:**

Joseph R. Fiedler, Richard Lamz, Loren Data and Harry Klimek are Magnetrol employees who were consulted in the preparation of the answers to the information requested. They are located at 5300 Belmont Road, Downers Grove, Illinois 60515. Phone: 630-969-4000. Additionally, Magnetrol consulted with its attorneys in the preparation of these responses. Any contact with Magnetrol or its employees in the future should be coordinated through Michael J. Maher or Elizabeth S. Harvey, Swanson, Martin & Bell, One IBM Plaza, Suite 2900, 330 North Wabash Avenue, Chicago, IL 60611. Phone: 312-321-9100.

##### **Response to Question No. 2:**

Plat of Survey showing location of sewers, utilities, additions, and tanks.  
Blueprints/architectural drawings.

##### **Response to Question No. 3:**

We do not believe there is anyone alive today who could provide additional responses or documents.

##### **Response to Question No. 4:**

Joseph R. Fiedler, Loren Data, Richard Lamz, and Harry Klimek (Magnetrol employees) are aware that Schaub used chlorinated solvents at the Schaub facility. They have no further knowledge regarding purchase, use, or disposal of hazardous substances or materials at the facility.

##### **Response to Question No. 5:**

Schaub Corporation operated at 5300 Belmont Road, Downers Grove, Illinois, in the Ellsworth Industrial Park. To the best of Magnetrol's knowledge, Schaub had no operations at any other location in Ellsworth Industrial Park.

Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Beyond that awareness, Magnetrol has no knowledge regarding the questions in Request No. 5, as to Schaub's use, purchase, storage, treatment, disposal, transport or other handling of hazardous substances or materials.

**Response to Question No. 6:**

Schaub produced boiler feed pumps and deaerators at its facility. Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Beyond that awareness, Magnetrol has no knowledge of Schaub's use, purchase, storage, treatment, disposal, transport or other handling of hazardous substances or materials.

**Response to Question No. 7:**

Magnetrol is aware that Schaub moved into its facility at 5300 Belmont Road, Downers Grove, Illinois, in 1961, and that Schaub owned the property until 1978. Magnetrol has no further knowledge regarding Schaub's ownership and operation of the property, and has no documents relating to Schaub's ownership and operation of the property.

**Response to Question No. 8:**

Schaub owned and operated the facility from 1961 to 1978. The building which is presently on the site existed from 1961, with some additions over the years, and with an addition added by Magnetrol in 1988-89 (after Magnetrol purchased the facility from Schaub). Magnetrol has no specific information regarding the location of underground utilities, or storm water drainage and sanitary sewer systems during Schaub's ownership and operation of facilities at the Site. However, Magnetrol believes that these conditions were basically similar to the current conditions. Thus, Magnetrol has provided a Plat of Survey and Architectural Drawings.

**Response to Question No. 9:**

Magnetrol has no specific information regarding solid waste units at Schaub's facility from 1961 - 1978. However, Magnetrol does not believe that Schaub had any waste piles, landfills, surface impoundments, or waste ponds or pits. When Magnetrol purchased Schaub's assets in 1978, there were two underground storage tanks for heating oil on the property. Those tanks were removed by Magnetrol in 1987, under the supervision of the Downers Grove Fire Department. (The location of the tanks is shown on the Plat of Survey.) Additionally, when Magnetrol purchased Schaub's assets in 1978, there was a below ground storage tank for propane. That tank no longer contains propane, and has been capped and is inactive.

**Response to Question No. 10:**

Magnetrol has no information regarding the prior owners of the property prior to Schaub's construction of the facility in 1961. To the best of Magnetrol's knowledge, the property was a horse pasture before Schaub constructed the facility in 1961.

**Response to Question No. 11:**

See response to No. 10, above. Magnetrol has no knowledge regarding operators at the property prior to 1961.

**Response to Question No. 12:**

Magnetrol has no knowledge regarding any permit held by Schaub.

**Response to Question No. 13:**

Magnetrol has no knowledge as to whether Schaub ever had "interim status" under RCRA.

**Response to Question No. 14:**

Magnetrol has no knowledge as to whether Schaub ever filed a notification of hazardous waste activity under RCRA.

**Response to Question No. 15:**

Magnetrol is not aware of any such reports, data, or information relating to the Site during Schaub's ownership and operation of the Site.

**Response to Question No. 16:**

Magnetrol is not aware of any leaks, spills, or releases into the environment during Schaub's ownership and operation of the Site.

**Response to Question No. 17:**

Magnetrol is not aware of any spill, leak, release or discharge of hazardous materials into any subsurface disposal system or floor drain during Schaub's ownership and operation of the Site.

**Response to Question 18:**

Magnetrol is not aware of any spill, leak, or release of hazardous materials during Schaub's ownership and operation of the Site.

**Response to Question 19:**

Magnetrol is not aware of any excavation or removal of soil from the Site during Schaub's ownership and operation of the Site, except as may have occurred during the construction of, and additions to, the facility. Magnetrol has no information responsive to the remainder of this request.

**Response to Question 20:**

Magnetrol has no such records from Schaub.

**Response to Question 21:**

Magnetrol has no such records from Schaub.

**Response to Question 22:**

Magnetrol has no knowledge whether Schaub conducted any Phase I or Phase II investigations on the property.

**Response to Question 23:**

Magnetrol has no knowledge regarding monitoring wells, which may or may not have been on the property during Schaub's ownership and operation of the Site.

**Response to Question 24:**

Magnetrol has no knowledge regarding soil borings, which may or may not have been collected while the property was owned by Schaub.

**Response to Question 25:**

See response to Request No. 9, above.

**Response to Question 26:**

Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Magnetrol has no knowledge regarding Schaub's solvent management system.

**Response to Question 27:**

Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Magnetrol has no knowledge regarding Schaub's waste solvent handling and disposal practices.

**Response to Question 28:**

Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Magnetrol has no knowledge regarding Schaub's solvent suppliers.

**Response to Question 29:**

Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Magnetrol has no knowledge regarding Schaub's waste solvent handlers.

**Response to Question 30:**

See response to Request No. 8, above. See attached Plat of Survey and architectural drawings.

**Response to Question 31:**

Magnetrol has no documents regarding correspondence between Schaub and units of local government regarding discharges into St. Joseph Creek and the municipal sewer.

**Response to Question 32:**

Magnetrol has no knowledge regarding floor drains at the facility during Schaub's ownership and operation of the facility.

## **Responses from Magnetrol**

### **ATTACHMENT B**

#### **Requests**

#### **General Response to All Requests:**

Magnetrol bought the facility in 1978. Therefore, the responses to the information requests contain information dating only from 1978.

#### **Response to Question No. 1:**

Joseph R. Fiedler, Richard Lamz, Jim Jani, Loren Data, and Harry Klimek are Magnetrol employees who were consulted in the preparation of the answers to the information requested. They are all located at 5300 Belmont Road, Downers Grove, Illinois 60515, phone 630-969-4000. Additionally, Magnetrol consulted with its attorneys in the preparation of these responses. Any contact with Magnetrol or its employees in the future should be made through Michael J. Maher or Elizabeth S. Harvey, Swanson, Martin & Bell, One IBM Plaza, Suite 2900, 330 North Wabash Avenue, Chicago, IL 60611, phone 312-321-9100.

#### **Response to Question No. 2:**

- ◆ Phase I Environmental Analysis of 5300 Belmont Road, October 23, 1998, for American National Bank & Trust
- ◆ Plat of Survey showing location of sewers, utilities, additions, and tanks
- ◆ Drawing of Chemical Solvent Room location
- ◆ Hazardous waste manifests
- ◆ Blueprint for the addition to manufacturing facilities
- ◆ Downers Grove Sanitary District Prohibited Materials Discharge Reports

#### **Response to Question No. 3:**

We do not believe there is anyone alive today who could provide additional responses or documents.

#### **Response to Question No. 4:**

Phase I Environmental Analysis of 5300 Belmont Road dated October 23, 1998 for American National Bank & Trust. (See Attachment #1.)

#### **Response to Question No. 5:**

There are no monitoring wells on the property.

#### **Response to Question No. 6:**

No soil boring has been authorized or contracted for by Magnetrol. Magnetrol is aware that the Illinois Environmental Protection Agency (IEPA) performed some soil borings along Wisconsin Avenue in fall 2001. To the best of our knowledge, those borings were performed in the parkway between Magnetrol's property and Wisconsin Avenue, and so were not actually on Magnetrol's property. Magnetrol has no further information regarding those borings by IEPA, or regarding the results of those borings.

**Response to Question No. 7:**

We had two below ground storage tanks for heating oil that were removed when we converted to natural gas heat in 1987. The Downers Grove Fire Department witnessed the removal and condition of the site at that time. No samples were taken of the contents of the tanks, or of the soil around the tanks. We have a below ground propane tank, which is no longer active. That tank no longer contains propane, and was capped.

Finally, we had one Dyked Trichlorethylene above ground tank that was removed in 1990. No samples were taken of the contents of the tank. In its place is a liquid Argon tank installed in December 1995. (See *Attachment #2* for locations.)

**Response to Question No. 8:**

No records exist for Magnetrol's solvent management system prior to 1980. To the best of our knowledge, prior to 1980, Trichloroethylene and Trichloroethane were purchased in 55-gallon drums from Baron Blakeslee and stored in the building's chemical solvent room. The solvent was used in a degreaser located in the production area of the building. Solvent was transported to the machine and then placed into it. When the solvent was spent, the solvent was removed and placed into 55-gallon drums. The spent solvent was then transported and placed in the building's chemical solvent room to await removal by Baron Blakeslee. (See *Attachment #3* for location.)

**Response to Question No. 9:**

No records exist for Magnetrol's waste solvent handling system prior to 1980. All spent solvent was removed from the premises by the supplier of the solvent. Trichloroethane and Trichloroethylene were the solvents used. These two solvents were purchased in 55-gallon drums. The drums were stored in the chemical solvent room, until the solvent was used in production. Spent Trichloroethane and Trichloroethylene were transferred from the machine into 55-gallon drums and stored in the chemical solvent room until removal by the supplier of the solvents. The only company used for both the purchase and the disposal of the two solvents was Baron Blakeslee.

**Response to Question No. 10:**

Magnetrol has not purchased products containing solvents since prior to 1995. Purchase Order records (i.e., the actual paper Purchase Order) establishing the names, years of service, and quantities of solvents received, are not available. Purchase Orders are destroyed after five years. In some limited circumstances, computer records exist.

Magnetrol believes that Baron Blakeslee was the only supplier of the Trichloroethylene and Trichloroethane when those solvents were used. As noted above, Magnetrol stopped using these solvents prior to 1995. Quantities received are unknown, except to the extent that disposal manifests indicate quantities transported for disposal. Magnetrol no longer does business with Baron Blakeslee; it was located in Pulaski, Tennessee, with a phone number of 931-363-4130.

Trichlorotrifluoroethane (Freon) was purchased from Detrex Corporation (2537 Le Moyne Street, Melrose Park, IL 60160). Based on limited available records, Freon was purchased from Detrex Corporation in the amount of 330 gallons during the period of September 19, 1991 to May 28, 1992.

**Response to Question No. 11:**

See *Attachment #4* (hazardous waste manifests) for answers to question 11. We have information from 1980 forward until we stopped using solvents for degreasing (prior to 1995).

**Response to Question No. 12:**

See *Attachment #5* (blueprint).

**Response to Question No. 13:**

See *Attachment #6* (Downers Grove Sanitary District reports).

**Response to Question No. 14:**

Floor drains are used only for emergency purposes, such as a roof leak or a water main break. Those drains are connected to the sanitary sewer system. Locations of the drains are shown on *Attachment #5* (blueprint).

QUESTIONS

#2

## PLAT OF SURVEY

PARCELS: LOTS 15 AND 16 IN BELLWORTH TWP. UNIT NO. 3, A SUBDIVISION OF PART OF THE  
TOWNSHIP OF BELLWORTH IN TOWNSHIP 33 NORTH, RANGE 10 WEST OF THE 3RD PRINCIPAL  
MERIDIAN, ACCORDING TO THE PLAT THEREOF, DATED DECEMBER 22, 1924, AS THE SAME IS  
RECORDED AND CONFIRMED BY THE CERTIFICATE OF CONFIRMATION, DATED JANUARY 21,  
1929, AS DOCUMENT 2008, AND RECORDS 11, 1157 AS ORIGINALLY FILED IN THE  
CLERK'S OFFICE, IN QUINCE COUNTY, ILLINOIS.

NEEDS: LOT 1 IN THE 1ST ADDITION TO LOT 16 OF BELLWORTH TWP. UNIT NO. 3 OF  
THE 3RD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF, DATED DECEMBER 22, 1924,  
AS THE SAME IS RECORDED AND CONFIRMED BY THE CERTIFICATE OF CONFIRMATION, DATED  
JANUARY 21, 1929, AS DOCUMENT 2008, IN QUINCE COUNTY, ILLINOIS.

AVE.

800.00'

WISCONSIN

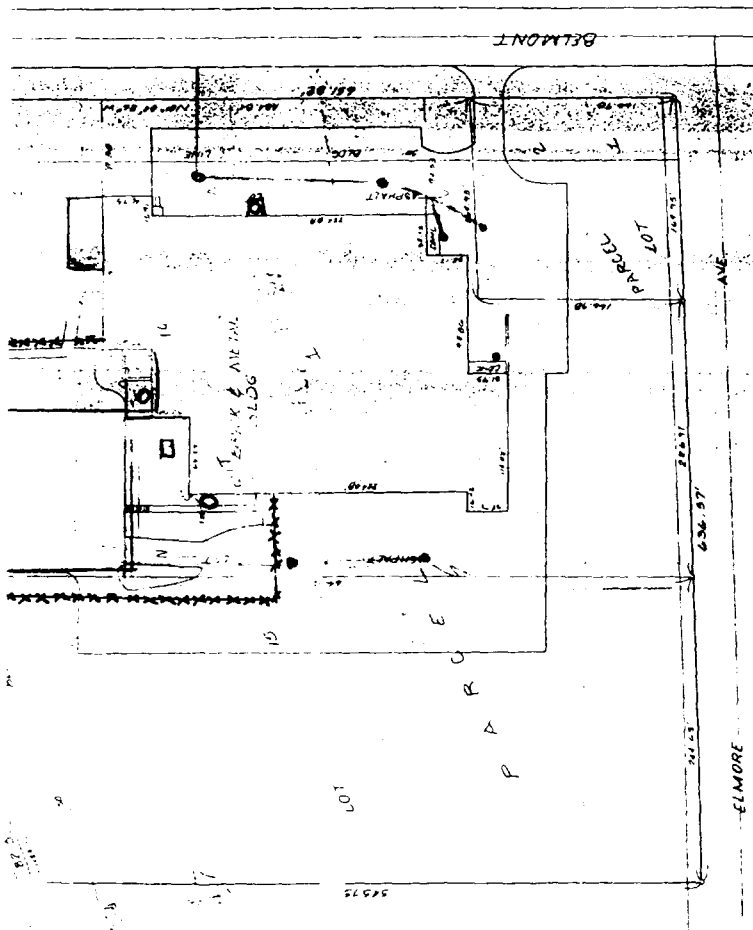
575.42'

11.113.00'

11.113.00'

NOTES:

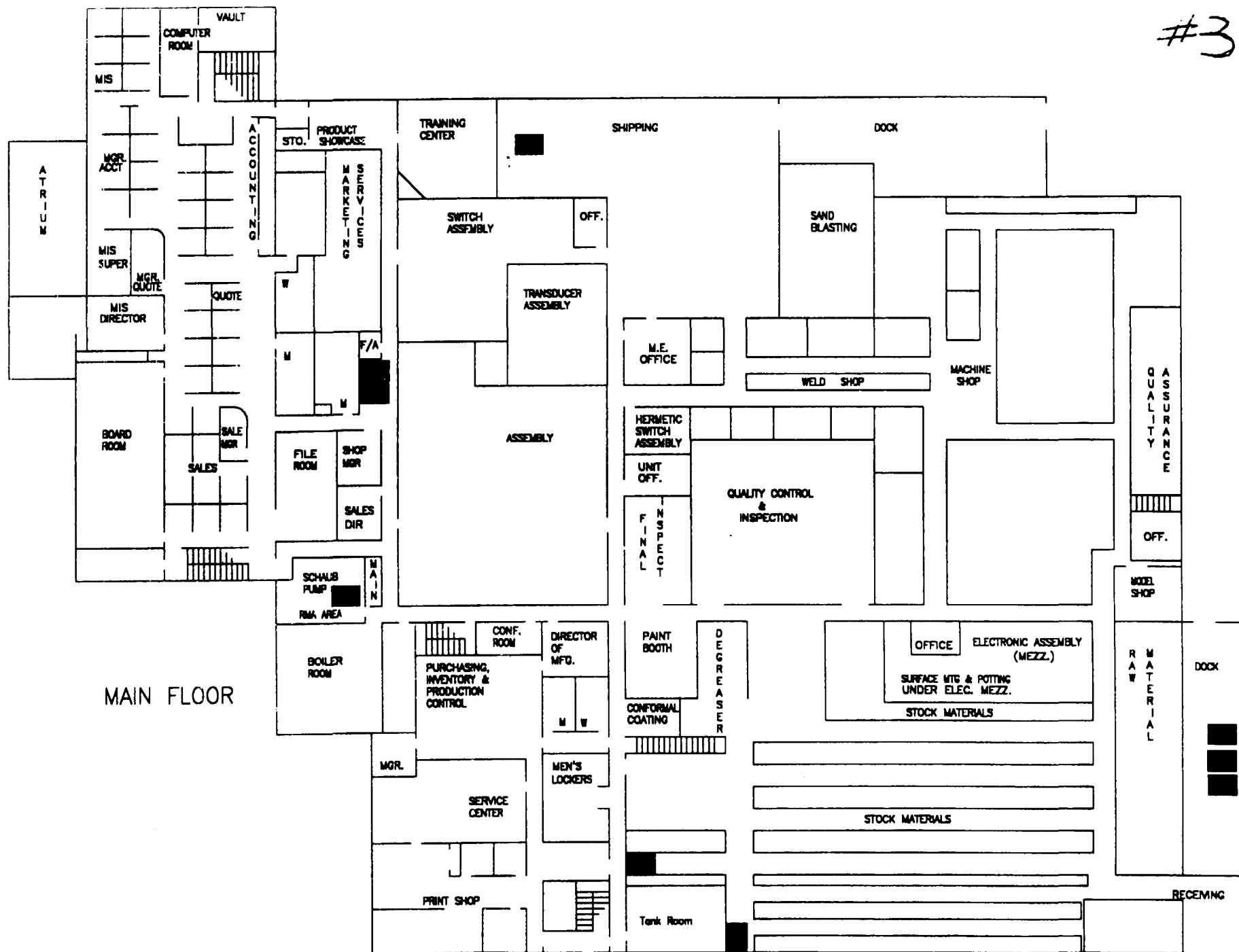
- = SANITARY SEWER
- = OVERHEAD ELECTRIC PIPES TO B
- = NATURAL GAS TO BLDG.
- = TELEPHONE TO BLDG.
- = STORM SEWER
- = CITY WATER SUPPLY
- = NEW ATTIC AND GARAGE 19
- O = HEATING OIL STORAGE TANK REMOVED 1988
- O = DYKED TRICHLOROETHYLENE TA
- REMOVED 1990. LIQUID AR
- TANK INSTALLED 12/95, AND
- DYKE REMOVED
- ED = PROPANE TANK, BURNT O.
- REMAINING CONTACTS 1987



OLD MILL LAND SURVEYING  
5417 S. MAPASOTA DR  
M'HENRY, ILLINOIS 60050  
(815) 344-4552 OFFICE # 87-008

STATE OF ILLINOIS  
COUNTY OF WASHINGTON  
I, JAMES R. BOYLE, CLERK OF THE COUNTY, DO HEREBY CERTIFY THAT I HAVE  
SIGNED THE ABOVE DISPOSITION, AND THE PLAT  
HEREIN IS A CORRECT REPRESENTATION OF SAID SURVEY  
DATED THIS 11TH DAY OF SEPTEMBER, A.D. 1987  
BY: [Signature]

#3



MAIN FLOOR

PAPER = ■ PAINT FILTERS = ■  
 TRASH = ■ OIL ABSORB = ■ SCRAP DUMPSTER = ■

← CHEMICAL SOLVENT ROOM

#4

## MAGNETROL QUESTION #11

WASTE HANDLER (I.E. TRANSPORTER)	DATES OF SERVICE	WASTE SOLVENT	QTY SHIPPED	UNIT OF VOLUME
BARON BLAKESLEE	1980-1984	TRICHLOROETHYLENE	1490	GALLONS
		TRICHLOROETHANE	2990	GALLONS
		TOTAL	4480	GALLONS
BURREN TRANSFER COMPANY	1989-1991	1,1,1-TRICHLOROETHANE	945	GALLONS
		TRICHLOROETHYLENE	755	GALLONS
		TRICHLOROTRIFLUOROETHANE (FREON)	140	GALLONS
		WASTE CLEANING COMPOUND	130	GALLONS
		TOTAL	1970	GALLONS
CES RECOVERY SYSTEMS	1995-1996	PERCHLOROETHYLENE	55	GALLONS
		HAZ WASTE LIQUID CONTAINING TETRACHLOROETHYLENE	55	GALLONS
		HAZ WASTE LIQUID CONTAINING 1,1-DICHLORO-1-FLUOROETHANE	55	GALLONS
		TOTAL	165	GALLONS
CHEMICAL WASTE MANAGEMENT	1986	WASTE FLOOR STRIPPINGS CONTAINING METHYLENE CHLORIDE	134	GALLONS
		TOTAL	134	GALLONS
ENVIRONMENTAL WASTE SERVICE	1991	HAZ. LIQUID WASTE (1,1,1-TRICHLOROETHANE CONTAMINATED COOL	1265	GALLONS
		TOTAL	1265	GALLONS
GREAT LAKES ENVIRONMENTAL	1988	WASTE SODIUM, METAL DISPERSION IN ORGANIC SOLVENT (LAB PAC	1	GALLONS
		TOTAL	1	GALLONS
SAFETY-KLEEN	1984-1992	TRICHLOROETHYLENE	3250	GALLONS
		1,1,1-TRICHLOROETHANE	2735	GALLONS
		TRICHLOROTRIFLUOROETHANE (FREON)	370	GALLONS
		TOTAL	6355	GALLONS
SET LIQUID WASTE SYSTEMS	1980-1983	TRICHLOROETHYLENE	1815	GALLONS
		1,1,1-TRICHLOROETHANE	1870	GALLONS
		OIL & SOLVENT (FLOUROETHANE AND ETHYLENE MIX)	850	GALLONS
		OIL & DEGREASER	3000	GALLONS
		TOTAL	7535	GALLONS
VAN WATERS & ROGERS	1988	TRICHLOROETHYLENE	275	GALLONS
		1,1,1-TRICHLOROETHANE	110	GALLONS
		TOTAL	385	GALLONS

TO BE COMPLETED BY  
WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
SPECIAL WASTE MANIFEST

MAGNETROL

DOWNEY'S GROVE

5500 BELMONT ST.

ILLINOIS

60575

0430300005

SET LIQUID WASTE SYSTEMS

P.O. BOX 41

VILLA PARK, ILL.

0049CC

NUCLEAR ENCL #2  
~~DES PUMP & SECTOR~~

DO BOX 158

SHEFFIELD

ILL

01108502

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME

GIL AND SOLVENT

HAZARD CLASS

LIQUID

(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION

HAZARD CLASS

NON-RESTRICTED

THIS IS TO CERTIFY THAT THE ABOVE NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE APRIL 2, 1980

(Authorized Signature)

WASTE HAULER

QUANTITY OF WASTE RECEIVED

850

1 GALLONS  
2 CU YDS

(Circle One)

METHOD OF SHIPMENT (Circle One)

DRUMS

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED

(1) (Authorized Signature)

DATE 04/09/80

(2) (Authorized Signature)

DATE

DISPOSAL, STORAGE, OR TREATMENT FACILITY

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED

(Authorized Signature)

DATE 04/17/80

COMMENTS OR SPECIAL INSTRUCTIONS

IN ILLINOIS 217 / 782 3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS 800 / 424 8802

DISTRIBUTION PART 1 GENERATOR

PART 2 IEPA

PART 3 SITE

PART 4 HAULER

PART 5 IEPA

PART 6 GENERATOR

GENERATOR COPY PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED

TO BE COMPLETED BY  
WASTE GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0270490  
1 7

Authorization Number 792259  
8 13

MAGNETROL INTERNATIONAL 5300 BELMONT

(Company Name)

Address

DOWNERS GROVE,  
City

ILLINOIS  
State

60515  
Zip

0430300005  
14 Generator Number 24

BARON BLAKESLEE

Hauler Name

1634 SO. LARAMIE AVE,  
Hauler Address  
CICERO, ILL.

S.W.H. Registration Number 0139002  
25 31

Hauler Name

Hauler Address

S.W.H. Registration Number \_\_\_\_\_  
32 38

DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE

(Facility Name)

1634 SO. LARAMIE AVE.

Address

CICERO

City

ILLINOIS

State

60650

Zip

03160037  
39 Site Number 46

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: TRICHLOROETHYLENE

WASTE PHASE: LIQUID  
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS.

LIQUID CLEANING COMPOUND

NONE

WEIGHT FOR U.O.T. USE 12,098 1 LBS TONS (circle one)  
53

WEIGHT FOR I.E.P.A. USE MUST BE  
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 990  
47 52

1 GALLONS (Circle One)  
2 CU. YDS. \_\_\_\_\_  
53

METHOD OF SHIPMENT (Circle One)

DRUMS

TANK TRUCK

OPEN TRUCK

OTHER (Specify) \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 9/17/80

[Signature]  
(Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [Signature]  
(Authorized Signature)

DATE: 9/18/80  
54 59

(2) \_\_\_\_\_  
(Authorized Signature)

DATE: \_\_\_\_\_

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES \_\_\_\_\_ NO \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[Signature]  
(Authorized Signature)

DATE: 9/19/80  
60 65

COMMENTS OR SPECIAL INSTRUCTIONS: \_\_\_\_\_

IN ILLINOIS: 217 / 782-3637

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART - 6 GENERATOR

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0270489

TO BE COMPLETED BY  
WASTE GENERATOR

MAGNETROL

(Company Name)

DOWNERS GROVE

City

5300 BELMONT

Address

IL

State

60515

Zip

Authorization Number 792259

1100018087

0430300005

Generator Number

ET LIQUID WASTE SYSTEMS

Hauler Name

P.O. BOX 41

Hauler Address

WILLA PARK, FL.

Hauler Name

Hauler Address

S.W.H. Registration Number 0049001

110000810549

S.W.H. Registration Number 0049010

DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE

NUCLEAR EXGR. #2

(Facility Name)

P.O. BOX 158

Address

ILL.

State

Zip

01109503

Site Number

SHEFFIELD

City

110045063450

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: OIL AND SOLVENT

WASTE PHASE: LIQUID  
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

Waste  
Trichloroethylene

NON RESTRICTED  
ORM-A  
1155

WEIGHT FOR D.O.T. USE 7350 LBS  
(circle one)

WEIGHT FOR I.E.P.A. USE MUST BE  
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 1155

1 GALLONS (Circle One)  
2 CU. YDS.

METHOD OF SHIPMENT (Circle One)

DRUMS

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 12/19/80

(Authorized Signature)

F001  
08-000-3809

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature)

DATE: 12/19/80

(2) (Authorized Signature)

DATE: 12/24/80

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES / NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

(Authorized Signature)

DATE: 12/24/80

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART - 6 GENERATOR

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

## STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-8760

## SPECIAL WASTE HAULING MANIFEST

0380165

Authorization Number

792259

ILD 00018087

0430300005

Generator Number

(Company Name)

Address

DOWNERS GROVE

ILLINOIS

60515

City

State

Zip

WASTE HAULER(S)

LIQUID  
SET WASTE SYSTEMS

P.O. BOX 41

VILLAGE PARK, ILL.

Hauler Name

Hauler Address

S.W.H. Registration Number

0049001

ILD 000810549

S.W.H. Registration Number

0049012

Hauler Name

Hauler Address

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

NUCLEAR ENGR. #2

P.O. BOX 158

01109503

(Facility Name)

Address

Site Number

SHEFFIELD

ILLINOIS

ILD 045063450

City

State

Zip

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: OIL AND SOLVENT

WASTE PHASE: LIQUID

(Liquid, Gaseous, Solid)

UN1710

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION:

HAZARD CLASS:

WASTE

NON RESTRICTED

WEIGHT FOR  
D.O.T. USELBS  
TONS (circle one)

Trichloroethylene

ORM-A

WEIGHT FOR I.E.P.A. USE MUST BE  
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED:

17 660

1 GALLONS (Circle One)  
2 CU. YDS.

METHOD OF SHIPMENT (Circle One)

DRUMS

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 4/6/81

(Authorized Signature)

F001

08-000-3809

## WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Robert [Signature]

(Authorized Signature)

DATE: 04/06/81

(2) [Signature]

(Authorized Signature)

DATE: [Signature]

## DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO ☐

HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[Signature]

(Authorized Signature)

DATE: 4/15/81

COMMENTS OR SPECIAL INSTRUCTIONS:

ILLINOIS: 217 / 782-3637

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 474-8802

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART - 6 GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

TO BE COMPLETED BY  
WASTE GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
SPECIAL WASTE HAULING MANIFEST  
WASTE GENERATOR

Correct

998127

0176515

MAGNETROL INTERNATIONAL 5300 BELMONT  
(Company Name) Address  
DOWNERS GROVE Illinois 60515  
City State Zip

11D0000183087  
0430300005  
Generator Number

WASTE HAULER(S)

1) BARDON BLAKESLEE 1634 SO. LARAMIE AVE  
Hauler Name Hauler Address  
CICERO, ILL 60650  
2) Hauler Name Hauler Address

S.W.H. Registration Number 0139002  
11D0004968509  
S.W.H. Registration Number

DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE

BARDON BLAKESLEE 1634 SO. LARAMIE AVE.  
(Facility Name) Address  
CICERO, ILLINOIS 60650  
City State Zip

03160037  
Site Number  
11D0004968509

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: TRICHLOROETHANE

WASTE PHASE: LIQUID  
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

LIQUID CLEANING COMPOUND  
Waste Trichloroethane ORM-A FOOL UN#2831

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.  
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 4-6-81

(Authorized Signature)

WASTE HAULER\*

QUANTITY OF WASTE RECEIVED: 50  
1 GALLONS (Circle One)  
2 CU YDS.

METHOD OF SHIPMENT (Circle One) 1 DRUMS TANK TRUCK OPEN TRUCK OTHER 585# (Specify)

HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(Authorized Signature)  
(Authorized Signature)

DATE 4/6/81  
DATE

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

(Authorized Signature)

DATE 04/28/81

REMARKS OR SPECIAL INSTRUCTIONS:

TO BE COMPLETED BY  
WASTE GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0270491

992108

Authorization Number

FED. EPA ILD 000183087

0430300005  
Generator Number

MAGNETROL INTERNATIONAL 5300 BELMONT  
(Company Name) Address  
DOWNERS GRAVE ILLINOIS 60515  
City State Zip

BARON BLAKESLEE 1634 SO. LARAMIE AVE.  
Hauler Name Hauler Address  
CICERO, ILLINOIS 60650  
Hauler Name Hauler Address

S.W.H. Registration Number 0139006

1LD004968509

S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE 1634 SO. LARAMIE AVE.  
(Facility Name) Address  
CICERO ILLINOIS 60650  
City State Zip

03160037  
Site Number

1LD004968509

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: TRICHLOROETHYLENE

WASTE PHASE: LIQUID  
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

LIQUID CLEANING COMPOUND

NONE

WEIGHT FOR  
D.O.T. USE

3055

TONS (circle one)

WASTE TRICHLOROETHYLENE MIXTURE OEM-A F001 UN#1710

WEIGHT FOR I.E.P.A. USE MUST BE  
CONVERTED TO CU. YDS. OR GAL

QUANTITY OF WASTE DELIVERED:

250 (250)

1 GALLONS (Circle One)  
2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One)

DRUMS

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: 5/1/81

(Authorized Signature)

FED. EPA ILD 000183087  
EPA WASTE NO. F001

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) (Authorized Signature)

DATE: 5/1/81

(2) (Authorized Signature)

DATE: 1/1/81

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature)

DATE: 05/04/81

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART - 6 GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

**TO BE COMPLETED BY  
WASTE GENERATOR**

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0468556

Authorization Number 992108

MAGNETROL INT. 5300 BELMONT RD. 312969-4000 0430300005 G  
(Company Name) Address Phone Number Generator Number  
OWENS GROVE ILL 60515 FEDERAL # I L 0089824684  
City State Zip EPA Number

**WASTE HAULER(S)**

BARON BLAKESLEE 1634 S. LARAMIE AVE CHGO IL 60650 S.W.H. Registration Number 0139003  
Hauler Name Hauler Address Phone Number EPA Number  
11 11 3124503900 IL0004968509  
Hauler Name Hauler Address Phone Number EPA Number  
0004503563  
Phone Number EPA Number

**DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE**

BARON BLAKESLEE 1634 S. LARAMIE AVE 03160037  
(Facility Name) Address Site Number  
CICERO ILL 60650 3124503900 IL0004968509  
City State Zip Phone Number EPA Number  
Alternate (Facility Name) Address Site Number  
City State Zip Phone Number EPA Number  
---4503563

**TO BE COMPLETED BY  
WASTE GENERATOR**

WASTE NAME: WASTE TRICHLOROETHANE WASTE PHASE: LIQUID  
(Liquid, Gaseous, Solid)  
THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:  
SHIPPING DESCRIPTION: LIQUID CLEANING COMPAND. NONE HAZARD CLASS: NOT  
2831 FOO1  
UN or NA Number EPA HW Number  
WEIGHT FOR D.O.T. USE 10.84 LBS / 1 GAL TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED 500 500 1 GALLONS (circle one) 2 CU. YDS. 53  
METHOD OF TRANSPORT (Circle One) (DRUMS) 100 TANK TRUCK OPEN TRUCK OTHER (Specify) \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.  
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.  
I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [Signature] DATE: 10-1-81  
(Authorized Signature)

**WASTE HAULER**  
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.  
(1) [Signature] DATE 10/26/81  
(Authorized Signature) (54) (59)  
(2) \_\_\_\_\_ DATE \_\_\_\_\_  
(Authorized Signature)

**DISPOSAL, STORAGE, OR TREATMENT FACILITY\*** HAZARDOUS WASTE SUBJECT TO FEE YES \_\_\_\_\_ NO ☒  
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE  
Victor R. Romano DATE 11/21/81  
(Authorized Signature) (60) (65)

COMMENTS OR SPECIAL INSTRUCTIONS \_\_\_\_\_

TO BE COMPLETED BY  
WASTE GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0468557

Authorization Number 792259  
811181

MAGNETROL INTERNATIONAL 5300 BELMONT (312) 9694000 04 30300005  
(Company Name) Address Phone Number Generator Number  
DOWNERS GROVE ILLINOIS 60515 FEDERAL ILD089024684  
City State Zip EPA Number

350 SUMAC WASTE HAULER(S)  
SET LIQUID WASTE  
Hauler Name Hauler Address Hauler Phone Number  
WHEEL INC., INC. (312) 5379221  
Hauler Name Hauler Address Hauler Phone Number  
S.W.H. Registration Number 0049001  
EPA Number ILD000810549  
S.W.H. Registration Number 0049012  
EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE  
A.R.F./GRAYSLAKE RT. 83 (1 MILE SO. OF RT. 120) 09702503  
(Facility Name) Address Site Number  
P.O. Box 342  
GRAYSLAKE ILLINOIS 60050 (312) 2232722 0430300005  
City State Zip Phone Number EPA Number  
Alternate (Facility Name) Address Site Number  
City State Zip Phone Number EPA Number

TO BE COMPLETED BY  
WASTE GENERATOR  
WASTE NAME: OIL AND DEGREASER WASTE PHASE: Liquid  
THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:  
(Liquid, Gaseous, Solid)  
SHIPPING DESCRIPTION: HAZARD CLASS: NON-RESTRICTED N/A  
WASTE OIL & DEGREASER NON-HAZARDOUS UN or NA Number EPA HW Number  
WEIGHT FOR D.O.T. USE 515 LBS / 1000 TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 1100 1 GALLONS (Circle One) 2 CU. YDS.  
METHOD OF SHIPMENT (Circle One) (DRUMS 22) TANK TRUCK OPEN TRUCK OTHER (Specify) Number

THIS IS TO CERTIFY THAT THE ABOVE NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.  
I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION  
(Authorized Signature) DATE: 10/7/81

WASTE HAULER  
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.  
(1) (Authorized Signature) DATE: 10/7/81  
(2) (Authorized Signature) DATE:

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*  
HAZARDOUS WASTE SUBJECT TO FEE YES NO X  
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.  
(Authorized Signature) DATE: 10/7/81

COMMENTS OR SPECIAL INSTRUCTIONS:

TO BE COMPLETED BY  
WASTE GENERATOR

TOP COPY  
MISSING

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0468558

Authorization Number 811181

TRANSPORTED INTERNATIONAL 5300 QUANT 3125379221 0430300005  
(Company Name) Address Phone Number Generator Number

QUINCY, ILLINOIS 62515 FEDERAL IL0089824684  
City State Zip EPA Number

WASTE HAULER(S)

RT. 2100 WASTE 350 SUMMER  
Hauler Name Hauler Address

WHEELING, ILL

3125379221  
Phone Number

S.W.H. Registration Number 0049002  
25 31

IL0000810549  
EPA Number

Hauler Name Hauler Address

S.W.H. Registration Number 0049012  
32 38

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

A.R.F. / GRAYLAKE  
(Facility Name)

RT. 83 (1 MILE SO. OF RT. 120)  
Address

09702503  
39 Site Number 46

GRAYLAKE  
City

ILLINOIS  
State

60020  
Zip

3122327222  
Phone Number

0430300005  
EPA Number

Alternate (Facility Name)

Address

39 Site Number 46

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: OIL AND DEBRIS

WASTE PHASE: LIQUID

(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

NON-RESTRICTED

N/A

N/A

WASTE OIL & DEBRIS

NON-HAZARDOUS

UN or NA Number

-715

EPA HW Number

WEIGHT FOR  
D.O.T. USE

515 LBS / 1000 TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE  
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED:

715

1 GALLONS (circle one)  
2 CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS)

24137  
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Authorized Signature

DATE: 3-5-82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Authorized Signature

DATE: 3/5/82

(2) Authorized Signature

DATE: 3/5/82

DISPOSAL, STORAGE, OR TREATMENT FACILITY

HAZARDOUS WASTE SUBJECT TO FEE YES NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

(Authorized Signature)

DATE: 3/5/82

COMMENTS OR SPECIAL INSTRUCTIONS:

TO BE COMPLETED BY  
WASTE GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0468559

Authorization Number 992108

MAENETROL INT. 5300 BELMONT RD. 3129694000 0430300005  
(Company Name) Address Phone Number Generator Number  
Downers Grove ILLINOIS 60515 FEDERAL# ILD089824684  
City State Zip EPA Number

WASTE HAULER(S)

BARON BLAKESLEE 1634 S. LARAMIE AVE S.W.H. Registration Number 0139003  
Hauler Name Hauler Address Phone Number EPA Number  
CICERO, ILL 60650 3124503900 ILD004968509  
City State Zip

11 11 S.W.H. Registration Number  
Hauler Name Hauler Address Phone Number EPA Number  
0004503563

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE 1634 S LARAMIE AVE 03160037  
(Facility Name) Address Site Number  
CICERO ILL 60650 3124503900 ILD004968509  
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address Site Number  
City State Zip Phone Number EPA Number  
--- 4503563

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: WASTE TRIMMOCK TRANS WASTE PHASE: LIQUID  
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION:

HAZARD CLASS:

LIQUID CLEANSING COMPOUND NONE

2831  
UN or NA Number

F001  
EPA HW Number

WEIGHT FOR D.O.T. USE 10.84 LBS/GAL TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 0001000 1 GALLONS (Circle One) 2 CU. YDS. 53  
METHOD OF SHIPMENT (Circle One) (DRUMS 20 92) TANK TRUCK OPEN TRUCK OTHER (Specify) \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

(Authorized Signature)

DATE: 3-5-82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Ammer  
(Authorized Signature)

DATE: 03/05/82

(2) \_\_\_\_\_  
(Authorized Signature)

DATE: 1/1/

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES \_\_\_\_\_ NO ☒

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Victor Roman  
(Authorized Signature)

DATE: 04/05/82

COMMENTS OR SPECIAL INSTRUCTIONS:

TO BE COMPLETED BY  
WASTE GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0408560

Authorization Number 992108

MAGNETROL INT. 5300 BELMONT RD 3129694000 0430300005  
(Company Name) Address Phone Number Generator Number

DOWNERS GROVE ILLINOIS 60515 FEDERAL # I L 0089824684  
City State Zip EPA Number

WASTE HAULER(S)

1634 S. LARMIE AVE  
BARON BLAKESLEE CICERO ILL 60650  
Hauler Name Hauler Address

S W H Registration Number 0139003

3124503900  
Phone Number

I L 0004968509  
EPA Number

11

11

Hauler Name

Hauler Address

S W H Registration Number 0004503563

0004503563  
Phone Number

I L 0004968509  
EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE 1634 S. LARMIE AVE 03160037  
(Facility Name) Address Site Number

CICERO ILLINOIS 60650 3124503900 I L 0004968509  
City State Zip Phone Number EPA Number

Alternate (Facility Name)

Address

Site Number

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: WASTE TRICHLOROETHANE

WASTE PHASE: LIQUID

(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION:

HAZARD CLASS:

LIQUID CLEANING COMBUSTIBLE None

2831  
UN or NA Number

F001  
EPA HW Number

WEIGHT FOR D.O.T. USE 10.84 LBS / GAL  
TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE  
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 000500 1 GALLONS (Circle One)  
CU YDS. 1

METHOD OF SHIPMENT (Circle One)

(DRUMS 10)  
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Joseph Frisette  
(Authorized Signature)

DATE: 5-19-82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) L. Danulic  
(Authorized Signature)

DATE: 05/14/82

(2) \_\_\_\_\_  
(Authorized Signature)

DATE: \_\_\_\_\_

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES \_\_\_\_\_ NO ☒

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

Victor R. Romano  
(Authorized Signature)

DATE: 05/28/82

COMMENTS OR SPECIAL INSTRUCTIONS:

TO BE COMPLETED BY  
WASTE GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0468561

Authorization Number 811181

MAGNETROL INTERNATIONAL 5300 BELMONT 312 969 4000 043 0300005  
(Company Name) Address Phone Number Generator Number

Downers Grove ILLINOIS 60515 FEDERAL IL 0089824684  
City State Zip EPA Number

WASTE HAULER(S)

SET LIQUID WASTE 350 SUMMIT AVE, IL, 60090  
Hauler Name Hauler Address S.W.H. Registration Number 0049001

312 537 9221 IL 0000810549  
Phone Number EPA Number

Hauler Name Hauler Address S.W.H. Registration Number 0049012

Phone Number EPA Number

A.R.F. / GRAYS LAKE RT. 83 (1 MILE SO OF RT 120) 09702503  
(Facility Name) Address Site Number

GRAYS LAKE ILLINOIS 60030 312 223 2722 043 0300005  
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address Site Number

City State Zip Phone Number EPA Number

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: OIL & DEGREASER WASTE PHASE: LIQUID  
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

WASTE OIL & DEGREASER NON-RESTRICTED N/A N/A  
UN or NA Number EPA HW Number

WEIGHT FOR D.O.T. USE 565 LBS / DRUM (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 580 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 4611) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION. IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

(Authorized Signature)

DATE: 8/11/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED

(1) Harry Swenson  
(Authorized Signature)

DATE 08/16/82

(2) \_\_\_\_\_  
(Authorized Signature)

DATE 1/1/82

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES \_\_\_\_\_ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

Butler  
(Authorized Signature)

DATE: 8/16/82

COMMENTS OR SPECIAL INSTRUCTIONS

IN ILLINOIS 217 / 782-3637

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

REV # 3

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

COMPLETED BY  
E. GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0468564

Authorization Number

992206

MAGNETROL INT. 5300 BELMONT 3129694000 043 0300 005  
(Company Name) Address Phone Number 14 Generator Number 24

OWNERS GROVE ILL 60515 FEDERAL ILL 0089824684  
City State Zip EPA Number

WASTE HAULER(S)

BARON BLAKESLEE 1634 S. LARAMIE AVE. S W H Registration Number 0139003  
Hauler Name Hauler Address 25 31

CICERO, ILL 60650 3124503900  
City State Zip Phone Number

ILL 0004968509  
EPA Number

11 11  
Hauler Name Hauler Address

S W H Registration Number 32 38

3124503563  
Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE 1634 S. LARAMIE AVE 03160037  
(Facility Name) Address 39 46

CICERO ILL 60650 3124503400 ILL 0004968509  
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address 39 Site Number 46

City State Zip Phone Number EPA Number

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME WASTE TRICHLOROETHANE

WASTE PHASE LIQUID

(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION

HAZARD CLASS.

LIQUID CLEANING COMPOUND NOT

2831  
UN or NA Number

F001  
EPA HW Number

WEIGHT FOR D.O.T. USE 10.84 LBS/GAL TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 47

550 GALLONS (circle one) CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS 11) Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

(Authorized Signature)

DATE: 10-17-82

WASTE HAULER

HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) B+B (Authorized Signature)

DATE: 10/22/82

(2) (Authorized Signature)

DATE: 10/22/82

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

(Authorized Signature)

DATE: 10/22/82

COMMENTS OR SPECIAL INSTRUCTIONS: Manifest shows 550 G Waste Delivered. We P/U 515 Gal Waste. 344 Gal Recoverable Material.

IN ILLINOIS: 217 / 782-3637

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART - 6 GENERATOR

REV. # 3

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

TO BE COMPLETED BY  
WASTE GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0468563

Authorization Number 811181

MAGNETROL INT. 5300 BELMONT 3129694000 04303000005  
(Company Name) Address Phone Number Generator Number

Downers Grove ILL 60515 FEDERAL IL 0089824684  
City State Zip EPA Number

WASTE HAULER(S)

S.E.T. LIQUID WASTE 350 SUMMIT  
Hauler Name Hauler Address

Wheeling, IL 60090

3125379221  
Phone Number

S W H Registration Number 0049002  
25 31

IL 0000810549  
EPA Number

Hauler Name Hauler Address

S W H Registration Number 0049012  
32 38

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

A.R.F. / GRAYS LAKE  
(Facility Name)

RT. 83 (1 MILE SO. OF RT 120)  
P.O. BOX 342  
Address

09202503  
39 Site Number 46

GRAYS LAKE  
City

ILL 60030  
State Zip

3122232722  
Phone Number

04303000005  
EPA Number  
NON HAZARDOUS

Alternate (Facility Name)

Address

39 Site Number 46

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: OIL & DEGREASER

WASTE PHASE: LIQUID

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

(Liquid, Gaseous, Solid)

SHIPPING DESCRIPTION:

HAZARD CLASS:

WASTE OIL & DEGREASER NON-RESTRICTED N/A  
NON-HAZARDOUS UN or NA Number

N/A  
EPA HW Number

WEIGHT FOR D.O.T. USE 3,000 LBS  
TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE  
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 000605 1 GALLONS (Circle One)  
2 CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS 12)  
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.  
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Joseph F. Smith  
(Authorized Signature)

DATE: 10/13/82

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE  
THE DESTINATION AS INDICATED:

(1) John Blue  
(Authorized Signature)

DATE: 10/13/82  
54 59

(2) \_\_\_\_\_  
(Authorized Signature)

DATE: 10/14/82  
60 65

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES \_\_\_\_\_ NO X

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

Kenneth Galligan  
(Authorized Signature)

DATE: 10/14/82  
60 65

COMMENTS OR SPECIAL INSTRUCTIONS:

APPLIED BY  
WASTE GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0468565

Authorizator Number 992100

MAGNETROL INT 5300 BELMONT 312 969 4000 0430300005  
(Company Name) Address Phone Number Generator Number

Downer Grove ILL 60515 FEDERAL IL0089824684  
City State Zip EPA Number

WASTE HAULER(S)

BARON BLAKESLEE 1634 S. LARAMIE AVE S W H Registration Number 0139005  
Hauler Name Hauler Address

3124503900 IL0004968509  
Phone Number EPA Number

11 11  
Hauler Name Hauler Address

3124503563  
Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

BARON BLAKESLEE 1634 S. LARAMIE AVE 03160037  
(Facility Name) Address Site Number

PICERO ILL 60650 3124503900 IL0004968509  
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address 39 Site Number 46

City State Zip 3124503563 Phone Number EPA Number

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME WASTE TRICHLOROETHANE WASTE PHASE LIQUID  
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION

HAZARD CLASS:

LIQUID CLEANING COMPOUND UN 2831 F001  
UN or NA Number EPA HW Number

WEIGHT FOR D.O.T. USE 10.84 LBS 16AL TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 450 1 GALLONS (circle one) 1 CU. YDS.  
47 52 53

METHOD OF SHIPMENT (Circle One) DRUM 9 TANK TRUCK OPEN TRUCK OTHER (Specify) \_\_\_\_\_  
Number

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION. IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

(Authorized Signature)

DATE: 5-16-83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) DBB Huendell  
(Authorized Signature)

DATE 05/25/83  
54 59

(2) \_\_\_\_\_  
(Authorized Signature)

DATE: 1/1/

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES \_\_\_\_\_ NO ☒

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

DBB Huendell  
(Authorized Signature)

DATE: 5/25/83  
60 65

COMMENTS OR SPECIAL INSTRUCTIONS: Manifest shows 450 Gal. we actually received 425 Gal.

IN ILLINOIS: 217 / 782-3637 -

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

REV. # 3

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

## STATE OF ILLINOIS

TO BE COMPLETED BY  
WASTE GENERATORENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706

(217) 782-6760

## SPECIAL WASTE HAULING MANIFEST

Authorization Number

0853358

8

N/A

Magneto (Company Name) 5300 Belmont Rd Address 312 969 7000 Phone Number 043 0300 005 Generator Number 14  
Downer Grove City IL State 60575 Zip 140 00018308 EPA Number

## WASTE HAULER(S)

SET Liquid Waste Hauler Name 350 Sumner Hauler Address 312 537 9221 Phone Number 2019011 S W H Registration Number 14000810549 EPA Number

Hauler Name

Hauler Address

S W H Registration Number

32

38

Phone Number

EPA Number

Fisher Colo (Facility Name) East Rd Kingsbury Pk Address 91809102 Site Number Ind State 46354 Zip 219 393354 Phone Number IND 264700883 EPA Number

Alternate (Facility Name)

Address

39

Site Number

40

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME

Abate 111 truckhouse

WASTE PHASE

Liquid

(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION:

HAZARD CLASS:

Abate 111 truckhouse OWM-AUN2831

UN or NA Number

F002

EPA HW Number

WEIGHT FOR D.O.T. USE 20,400 LBS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 001870

47

52

GALLONS (Circle One)

2 CU. YDS.

53

METHOD OF SHIPMENT (Circle One)

(DRUMS 34)

Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Joseph P. Smith

(Authorized Signature)

DATE: 11-17-83

## WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED

(1)

Robert Smith

(Authorized Signature)

DATE: 11/17/83

54

59

(2)

(Authorized Signature)

DATE: 11/17/83

54

59

## DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE

YES

NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

John P. Smith

(Authorized Signature)

DATE: 11/17/83

60

65

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 782-3637

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

REV. # 4

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Emergency Management Center.

**TO BE COMPLETED BY  
WASTE GENERATOR**

**STATE OF ILLINOIS**  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD SPRINGFIELD, ILLINOIS 62706  
(217) 732-5760  
SPECIAL WASTE HAULING MANIFEST

0468566

Authorization Number

992108

MAGNETROL INT. 5300 BALTIMORE RD. 312 969 4000 0430300005 6  
(Company Name) Address Phone Number Generator Number  
Downers Grove ILL 60515 FEDERAL IL 0089824684  
City State Zip EPA Number

**WASTE HAULER(S)**

BARON BLAKESLEE 1634 S. LARAMIE AVE S.W.H. Registration Number 0139000  
Hauler Name Hauler Address Phone Number 312 450 3900 EPA Number IL 0089824684  
11 11

Hauler Name Hauler Address Phone Number EPA Number  
312 450 3563

**DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE**

BARON - BLAKESLEE - 1634 S. LARAMIE AVE 03160037  
(Facility Name) Address Site Number  
CICERO ILL 60650 312 450 3900 IL 0089824684  
City State Zip Phone Number EPA Number  
Alternate (Facility Name) Address Site Number  
City State Zip Phone Number EPA Number

**TO BE COMPLETED BY  
WASTE GENERATOR**

WASTE NAME: WASTE Trichloroethylene

WASTE PHASE: LIQUID  
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

LIQUID CLEANING COMPOUND NON 2831  
UN or NA Number

F004  
EPA HW Number

WEIGHT FOR D.O.T. USE 3000 10.84 LBS TONS (Circle One)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 250 2 GALLONS (Circle One)  
CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS 5)  
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION. IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

(Authorized Signature)

DATE: 1-6-84

**WASTE HAULER**

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) Joe Pasinich  
(Authorized Signature)

DATE 2/7/84

(2) \_\_\_\_\_  
(Authorized Signature)

DATE \_\_\_\_\_

**DISPOSAL, STORAGE, OR TREATMENT FACILITY\***

HAZARDOUS WASTE SUBJECT TO FEE YES \_\_\_\_\_ NO ✓

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

DATE 2-7-84

COMMENTS OR SPECIAL INSTRUCTIONS

Actually rec'd 230 gallons.

TO BE COMPLETED BY  
WASTE GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0468568  
1 7

Authorization Number 000003  
8 13

MAGNETROL INT. 5300 BELMONT 3129694000 0430300005 G  
(Company Name) Address Phone Number 14 Generator Number 24  
Downers Grove ILL 60515 IL0089824684  
City State Zip EPA Number

WASTE HAULER(S)

SAFETY-KLEEN ELGIN, ILL  
Hauler Name Hauler Address  
3126978460 IL0000805911  
Phone Number EPA Number

S.W.H. Registration Number 1123018  
25 31

S.W.H. Registration Number  
32 38

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

SAFETY-KLEEN 1500 VILLA ST. 03143801  
(Facility Name) Address 39 Site Number 46  
ELGIN IL 60120 3126978460 IL0000805911  
City State Zip Phone Number EPA Number

Alternate (Facility Name)

Address

39

Site Number

46

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: TRICHLOROETHYLENE

WASTE PHASE: LIQUID

(Liquid, Gas, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION:

HAZARD CLASS:

WASTE R. Q. TRICHLOROETHYLENE ORM-A UN1710 F001  
UN or NA Number EPA HW Number

WEIGHT FOR  
D.O.T. USE

12.2 LBS / GAL  
TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE  
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED 000250  
47 52

1 GALLONS (Circle One)  
2 CU. YDS.

53

METHOD OF SHIPMENT (Circle One)

(DRUMS 5)  
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.  
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

(Authorized Signature)

DATE: 5/3/84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE  
THE DESTINATION AS INDICATED:

(1) (Authorized Signature)

DATE: 05/03/84  
54 59

(2) (Authorized Signature)

DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

(Authorized Signature)

DATE: 05/03/84  
60 65

COMMENTS OR SPECIAL INSTRUCTIONS

Actual gallons are 248

TO BE COMPLETED BY  
WASTE GENERATOR

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF LAND POLLUTION CONTROL  
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706  
(217) 782-6760  
SPECIAL WASTE HAULING MANIFEST

0468569

Authorization Number 000003

MAGNETROL INT. 5800 BEAUMONT 31 2969 4000 0430300005  
(Company Name) Address Phone Number Generator Number  
DOWNERS GROVE IL 60515 IL0089824684  
City State Zip EPA Number

WASTE HAULER(S)

SAFETY-KLEEN ELGIN, ILL  
Hauler Name Hauler Address  
3126978460 IL0000805911  
Phone Number EPA Number

S.W.H. Registration Number 1123018  
Hauler Name Hauler Address  
Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

SAFETY-KLEEN 1500 VILLA ST. 03143801  
(Facility Name) Address Site Number  
ELGIN IL 60120 3126978460 IL0000805911  
City State Zip Phone Number EPA Number  
Alternate (Facility Name) Address Site Number  
City State Zip Phone Number EPA Number

TO BE COMPLETED BY  
WASTE GENERATOR

WASTE NAME: 1-1-1 TRICHLOROETHANE WASTE PHASE: LIQUID  
(Liquid, ~~Gasous~~, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION:

HAZARD CLASS:

WASTE 111 - TRICHLOROETHANE CRHA UN2831 F001  
LBS/GAL 10.8 TONS (circle one) QUANTITY OF WASTE DELIVERED: 000100 1 GALLONS (Circle One)  
D.O.T. USE 2 CU YDS. 53

METHOD OF TREATMENT (Circle One) (DRUMS 2) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.  
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Joseph Smith  
(Authorized Signature)

DATE: 5/3/84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE  
THE DESTINATION AS INDICATED.

(1) [Signature]  
(Authorized Signature)  
(2) [Signature]  
(Authorized Signature)

DATE 05/03/84  
DATE

DISPOSAL, STORAGE, OR TREATMENT FACILITY\*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

Lina Bolger  
(Authorized Signature)

DATE 050384

COMMENTS OR SPECIAL INSTRUCTIONS:

Actual gallons are 109



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD0898246841	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address MAGNETROL INT. INC. 5300 BELMONT ROAD DOWNERS GROVE, ILL.		4. Generator's Phone 312 1969-4000		5. Transporter 1 Company Name SAFETY-KLEEN CORP.		
6. US EPA ID Number ILD000805911		7. Transporter 2 Company Name		8. US EPA ID Number		
9. Designated Facility Name and Site Address SAFETY KLEEN CORP. 1500 E. VILLA ST. ELGIN, ILL. 60120		10. US EPA ID Number ILD000805911		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		
12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		
a. X RQ Trichloroethylene ORM-A Waste Phase: Liquid UN-1710		009 D M 0.450 G		01010003		
b.						
c.						
d.						
15. Special Handling Instructions and Additional Information		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.				
Printed/Typed Name LOREN L. DATA		Signature Loren L. Data		Date 10/10/85		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name HAROLD DOSTER		Signature Harold Doster		
18. Transporter 2 Acknowledgement or Receipt of Materials		Printed/Typed Name		Signature		
19. Discrepancy Indication Space Actual gallons are 449		20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name Kira Belger		Signature Kira Belger		Date 10/10/85		



Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved: OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address 5300 Belmont Road, Downers Grove		MAGNETROL INC.		A. Illinois Manifest Document Number IL 1286331		
4. Generator's Phone (312) 969-4000		6. US EPA ID Number		B. Illinois Generator's ID 104310300005		
5. Transporter 1 Company Name Safety-Kleen Corp.		7. US EPA ID Number ILD000805911		C. Illinois Transporter's ID 111123		
7. Transporter 2 Company Name		8. US EPA ID Number		D. (312) 697-1824 Transporter's Phone		
9. Designated Facility Name and Site Address Safety-Kleen Corp. 1500 E. Villa St. ELGIN, ILL. 60120		10. US EPA ID Number ILD000805911		E. Illinois Transporter's ID 111123		
				F. ( ) Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.	
a. R.Q. Trichloroethylene ORM-A : Waste Phase : UN-1710		016	DM	0.0800	EPA HW Number F01011	
b.					Authorization Number 01000103	
c.					EPA HW Number	
d.					Authorization Number	
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above In Item #14: 1 = Gallons 2 = Cubic Yards				
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.						
Printed/Typed Name LOREN L. DATA		Signature Loren L. Data		Date Month Day Year 03/29/85		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature David W. Burgh		Date Month Day Year 04/01/85		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date		
19. Discrepancy Indication Space Actual gallons are 884						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Signature GARY S. KING		Date Month Day Year 04/01/85		



Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD0898246841	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address 5300 Belmont Rd. Downers Grove, IL		MAGNETTOL INT. INC.		A. Illinois Manifest Document Number IL 1286333		
4. Generator's Phone (312) 969-4000		6. US EPA ID Number ILD000805911		B. Illinois Generator's ID 014303000015		
5. Transporter 1 Company Name SAFETY-KLEEN CORP		8. US EPA ID Number		C. Illinois Transporter's ID 11123		
7. Transporter 2 Company Name		10. US EPA ID Number		D. (312) 697-1824 Transporter's Phone		
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 1500 Villa St. ELGIN, IL 60120		10. US EPA ID Number ILD000805911		E. Illinois Transporter's ID F. ( ) Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	L. Waste No.
a. <input checked="" type="checkbox"/> HM TRICHLOROETHYLENE R.Q. waste Phase ORM-A UN-1710		No. Type		005 DM	0.2225	EPA HW Number F01011 Authorization Number 01010003
b.						EPA HW Number Authorization Number
c.						EPA HW Number Authorization Number
d.						EPA HW Number Authorization Number
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above In Item #14: 1 = Gallons 2 = Cubic Yards		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.						
Printed/Typed Name LOREN DATA				Signature <i>Loren Data</i>		Date Month Day Year 05/15/85
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Harold Foster				Signature <i>Harold Foster</i>		Date Month Day Year 05/15/85
18. Transporter 2 Acknowledgement or Receipt of Materials						
Printed/Typed Name				Signature		Date Month Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name GARY S. KING				Signature <i>Gary King</i>		Date Month Day Year 15/15/85



Please print or type

(Form designed for use on elite (12-pitch) typewriter)

EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address MAGNETROL INT. INC. 5300 BELMONT, DOWNERS GROVE, IL 60515		1. Generator's US EPA ID No. ILDC895246841		A. Illinois Manifest Document Number IL 1286334		
4. Generator's Phone (312) 969-4000		6. US EPA ID Number ILDO00805911		B. Illinois Generator's ID 0430300005		
5. Transporter 1 Company Name SAFETY-KLEEN		8. US EPA ID Number		C. Illinois Transporter's ID 117723		
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (312) 697-1824		
9. Designated Facility Name and Site Address SAFETY-KLEEN 1500 E. VILLA ST. ELGIN, IL 60120		10. US EPA ID Number ILDO00805911		E. Illinois Transporter's ID F. Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		
a. HM X 1,1,1-TRICHLOROETHANE ORM-A WASTE PHASE: LIQUID-UN2831		No. Type		14. Unit Wt/Vol		
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above		L. Waste No.		
				EPA HW Number F. 10.11 Authorization Number 000003		
15. Special Handling Instructions and Additional Information IF MATERIAL IN ITEM 11.A IS UNDELIVERABLE, RETURN TO THE GENERATOR		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.		Date Month Day Year 08/07/85		
Printed/Typed Name LOREN L. DATA		Signature Loren L. Data		Date Month Day Year 08/07/85		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name David W. Bugh		Signature David W. Bugh		
18. Transporter 2 Acknowledgement or Receipt of Materials		Printed/Typed Name		Signature		
19. Discrepancy Indication Space		20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Date		
Printed/Typed Name KINA BOLGER		Signature Kina Bolger		Date Month Day Year 08/07/85		



Print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2000-0404. Expires 7-31-8

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD089824684		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address MAGNETROL INT INC, 5300 BELMONT, DOWNERS GROVE, ILL 60515				4. Generator's Phone (312) 969-4000		A. Illinois Manifest Document Number IL 1286338		B. Illinois Generator's ID 0430300005	
5. Transporter 1 Company Name SAFETY-KLEEN				6. US EPA ID Number ILD000805911		C. Illinois Transporter's ID 1123		D. (312) 697-1824 Transporter's Phone	
7. Transporter 2 Company Name				8. US EPA ID Number		E. Illinois Transporter's ID		F. ( ) Transporter's Phone	
9. Designated Facility Name and Site Address SAFETY-KLEEN 1500 E. Villa St. ELGIN ILL, 60120				10. US EPA ID Number ILD000805911		G. Illinois Facility's ID 0314380001		H. Facility's Phone (312) 697-1824	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit	
a. HM X 1,1,1, TRICHLOROETHANE ORM-A WASTE Phase: LIQUID-UN2831				No. Type		434		Wt/Vol	
b.								I. Waste No. EPA HW Number Authorization Number	
c.								EPA HW Number Authorization Number	
d.								EPA HW Number Authorization Number	
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above In Item #14: 1 = Gallons 2 = Cubic Yards					
15. Special Handling Instructions and Additional Information IF MATERIAL IN ITEM 11.A is UNDELIVERABLE, RETURN TO THE GENERATOR									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.									
Printed/Typed Name LOREN L. DATA				Signature Loren L. Data				Date 09/03/85	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature David W. Burgh				Date 09/03/85	
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature				Date	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name JOAN MINDAK				Signature Joan Mindak				Date 09/03/85	



Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-81)

Form Approved. OMB No. 12000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address MAGNETROL INT INC. 5300 BELMONT, DOWNERS GROVE, ILL		1. Generator's US EPA ID No. ILD089824684			
4. Generator's Phone (312) 969-4000 60515		6. US EPA ID Number			
5. Transporter 1 Company Name SAFETY-KLEEN		8. US EPA ID Number ILD000805911			
7. Transporter 2 Company Name		10. US EPA ID Number			
9. Designated Facility Name and Site Address SAFETY-KLEEN 1500 E. Villa St ELGIN ILL, 60120		10. US EPA ID Number ILD000805911			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a.	1,1,1, TRICHLOROETHANE ORM - A WASTE Phase: Liquid - UN2831	006	DM	287	1
b.	R.Q. TRICHLOROETHYLENE ORM - A WASTE Phase: Liquid - UN1710	006	AM	250	1
c.					
d.					
J. Additional Description for Materials Listed Above		K. Handling Codes for Waste 1 = Gallons 2 = Cubic Yards			
15. Special Handling Instructions and Additional Information IF MATERIAL IN Section 11.A & 11.B is undeliverable return to the generator.					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name RICHARD J. HART		Signature Richard J. Hart		Date Month Day Year 03/17/86	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature David W. Bunge		Date Month Day Year 03/17/86	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name JOAN MINDAK		Signature Joan Mindak		Date Month Day Year 03/17/86	



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. Manifest Document No. ILD089824684100021		2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address MAGNETROL INT INC 5300 Belmont Downers Grove, ILL					
4. Generator's Phone (312) 969-4000					
5. Transporter 1 Company Name chemical Waste Management		6. US EPA ID Number ILD000806604			
7. Transporter 2 Company Name		8. US EPA ID Number			
9. Designated Facility Name and Site Address (Chicago) SCA chemical Service, IL 11700 S. Stony Island Av. ILD000672124				10. US EPA ID Number (DC)	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity
a. X Hazardous waste Solid, N.A.S. NA 9189 ORM-E				0.08 PD	134
b.					
c.					
d.					
14. Additional Description Work Order 86/559				15. Special Handling Instructions and Additional Information IF MATERIAL IN SECTION 11.a IS undetiverable, return to generator (section 3)	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name LOREN L. DATA		Signature Loren L. Data		Date 05/10/86	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name CRAIG DROENBOS DRIVER		Signature Craig Droenbos		Date 05/10/86	
18. Transporter 2 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space *NOTATION TO MANIFEST BY D. CRIBARI PER L. DATA 5/11/86					
TAX \$1.34					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.				Date	
Printed/Typed Name DARLENE J. CRIBARI		Signature Darlene J. Cribari		Date 05/10/86	

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. ILD0898246841		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address MAGNETROL 5300 BELMONT, DOWNERS GROVE, IL				A. Illinois Manifest Document Number IL 1433754		B. Illinois Generator's ID 0430300005			
4. Generator's Phone (312) 1969-4000 60515				6. US EPA ID Number ILD000805911		C. Illinois Transporter's ID D1326971824			
5. Transporter 1 Company Name SAFETY-KLEEN				8. US EPA ID Number		E. Illinois Transporter's ID			
7. Transporter 2 Company Name				10. US EPA ID Number		F. Illinois Transporter's Phone			
9. Designated Facility Name and Site Address SAFETY-KLEEN 1500 E. VILIA ST. ELGIN, IL 60120				10. US EPA ID Number ILD000805911		G. Illinois Facility's ID 0314380001			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit	
a. <input checked="" type="checkbox"/> R.Q. 1,1,1 TRICHLOROETHANE				001 TT		190		Wt/Vol	
b. <input checked="" type="checkbox"/> ORM-A WASTE LIQUID UN2831				004 DM		00200		Waste No.	
c. <input checked="" type="checkbox"/> R.Q. TRICHLOROETHYLENE ORM-A				001 TT		62		EPA HW Number	
d. <input checked="" type="checkbox"/> WASTE LIQUID - UN1710				003 DM		00145		EPA HW Number	
J. Additional Descriptions for Materials Listed Above				Bottles 6B, USED		Handling Instructions		Hazardous Waste	
15. Special Handling Instructions and Additional Information				IF MATERIAL IN SECTION 11.A AND 11.B IS UNDELIVERABLE RETURN TO GENERATOR					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations.				Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 306(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name LOREN L. DATA				Signature Loren L. Data		Date 11/1/2816		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name ROBERT FRYE		Signature Robert Frye		Date 11/1/2816	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.				Printed/Typed Name JOAN MINDAK		Signature Joan Mindak		Date 11/1/2816	

IN ILLINOIS: 217 / 782-3637

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA

PART - 3 FACILITY

PART - 4 TRANSPORTER

PART - 5 IEPA

PART - 6 GENERATOR

REV. 86

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years.



Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD89824684	Manifest Document No. 00001	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address Magnetrol International, Inc. 5300 Belmont Road Downers Grove, IL 60515					
4. Generator's Phone ( 312 ) 969-4000					
5. Transporter 1 Company Name Safety-Kleen		6. US EPA ID Number ILD000805911		7. Transporter's Phone 630-216-1824	
7. Transporter 2 Company Name		8. US EPA ID Number		8. Transporter's Phone	
9. Designated Facility Name and Site Address Safety-Kleen 1500 E. Villa Street Elgin, IL		10. US EPA ID Number ILD000805911		9. Facility's Phone 815-312-6974	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit M/V/Drum
a.	WASTE TRICHLOROETHYLENE ORM-A UN1710	005	D-M	00250	1
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information If waste in Item 11a. is undeliverable for any reason, return to generator.		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.			
Printed/Typed Name Loren L. Data		Signature Russell A. Wieland		Date 03/10/87	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ROBERT FLYE		Signature Robert Flye		Date 03/10/87	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name JOAN MINDAK		Signature Joan Mindak		Date 03/10/87	



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2050-0839. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address MAGNETROL INT. INC. 5300 BELMONT RD., DOWNERS GROVE		4. Generator's Phone (312) 969-4000 60515		5. Transporter 1 Company Name SAFETY KLEEN		6. US EPA ID Number ILD000805911	
7. Transporter 2 Company Name		8. US EPA ID Number ILD051060408		9. Designated Facility Name and Site Address SAFETY KLEEN 1500 E. VILLA ST., ELGIN, IL		10. US EPA ID Number ILD000805911	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. 1.1.1. TRICHLOROETHANE ORM-A WASTE LIQUID UN2831				005 DM	207	200	XXF001
b.							XXF001
c.							XXF001
d.							XXF001
16. Special Handling Instructions and Additional Information IF MATERIAL IN 11.A IS UNDELIVERABLE RETURN TO GENERATOR				K. Handling Codes for Wastes Listed Above In Item 11. 1 = Gallons 2 = Cubic Yards			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name LOREN DATA Signature Loren Data Date 070887				18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name David W. Burch Signature David W. Burch Date 070887			
19. Discrepancy Indication Space VOLUME CORRECTED TO 207							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name CATHERINE L. ILLYES Signature Catherine L. Illyes Date 070887							

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

RL532-06 10

LPC 62 B/B1

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(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8760-22 (3-84)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>ILD089824684</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address <b>MAGNETROL INT. INC 5300 BELMONT ROAD, DOUBLEDAY GROVE</b>				04 303000004 01320971824 0314380001 03216951824			
4. Generator's Phone ( <b>312</b> ) <b>969-4000</b> <b>605:5</b>							
5. Transporter 1 Company Name <b>SAFETY KLEEN</b>		6. US EPA ID Number <b>ILD051060408</b>		EPA HW Number <b>000003</b>			
7. Transporter 2 Company Name		8. US EPA ID Number		EPA HW Number <b>000003</b>			
9. Designated Facility Name and Site Address <b>SAFETY KLEEN 1500 E. VILLA ST, ELGIN, ILL. ILD000805911</b>		10. US EPA ID Number		EPA HW Number <b>000003</b>			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) <b>1.1.1. TRICHLOROETHANE ORM-A WASTE LIQUID UN2831</b>				12. Containers		13. Total Quantity	14. Unit Wt/Vol
				No.	Type		
						<b>227</b>	<b>1</b>
						<b>220</b>	<b>GA</b>
15. Special Handling Instructions and Additional Information <b>IF MATERIAL IN 11.A IS UNDELIVERABLE RETURN TO GENERATOR.</b>				16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations.			
				17. Transporter 1 Acknowledgement of Receipt of Materials			
				18. Transporter 2 Acknowledgement of Receipt of Materials			
				19. Discrepancy Indication Space <b>VOLUME CORRECTED TO 227</b>			
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.				21. Facility Owner or Operator Signature and Date			
Printed/Typed Name <b>LOREN DATA</b>				Signature <i>Loren Data</i>		Date <b>10/6/87</b>	
Printed/Typed Name <b>ROBERT FRYE</b>				Signature <i>Robert Frye</i>		Date <b>10/6/87</b>	
Printed/Typed Name				Signature		Date	
Printed/Typed Name <b>CATHERINE L. ILLYES</b>				Signature <i>Catherine L. Illyes</i>		Date <b>10/6/87</b>	

ILLINOIS: 217 / 782-3637

**\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\***

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION:	PART - 1 GENERATOR	PART - 2 IEPA	PART - 3 FACILITY	PART - 4 TRANSPORTER	PART - 5 IEPA	PART - 6 GENERATOR

3FV 106

**GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.**

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½, Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation.



STATE OF ARKANSAS  
Department of Pollution Control and Ecology  
P. O. Box 9583 Little Rock, Arkansas 72219  
Telephone 501-562-7444

1

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. T L D 0 8 1 4 8 1 2 4 1 6 1 8 1 4 1 6 1 6 1 4 1 7 1 8	Manifest Document No. of 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Magnetrol International, Inc. 5300 Belmont Road Downers Grove, IL 60515 4. Generator's Phone (312) 969-4000			A. State Manifest Document Number AR-266478		B. State Generator's ID
5. Transporter 1 Company Name Great Lakes Environmental			6. US EPA ID Number M I D 0 8 1 7 4 7 8 5 7 4	C. State Transporter's ID PC 011 H321	D. Transporter's Phone (313) 758-0400
7. Transporter 2 Company Name			8. US EPA ID Number	E. State Transporter's ID	F. Transporter's Phone
9. Designated Facility Name and Site Address Ensco, Incorporated American Oil Road El Dorado, AR 71730			10. US EPA ID Number A R D 0 6 9 7 4 8 1 9 2	G. State Facility's ID nsM stat2 A 22018	H. Facility's Phone (501) 863-7173
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. (RQ) Waste Flammable Liquid, NOS Flammable Liquid UN1933 (EPA Ignitability)			3 D M	40	G D001
b. (RQ) Waste Corrosive Liquid, NOS Corrosive Material UN1760 (EPA Corrosivity)			2 D M	12	G D002
c. Waste Sodium, Metal Dispersion in Organic Solvent FL. Solid UN1429			1 D M	1	G D 0 0 3
d. Waste Nitric Acid Oxidizer UN2031			1 D M	1	G D001
J. Additional Descriptions for Materials Listed Above a. Drums #1, 2, and 3 b. Drums #6 and 7 Lab Packed Material #50612 c. Drum #5 d. Drum #4			K. Handling Codes for Wastes Listed Above IN CASE OF EMERGENCY CONTACT TERRY SCHWERTZ (313) 758-0400		
if no alternate TSDF, return to generator					
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name RICHARD HART			Signature Richard Hart		Month Day Year 10/1/13/88
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name WILLIAM LINGENFELT			Signature William Lingenfelt		Month Day Year 10/1/13/88
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space 11A-560# 11C-8# 11B-275# 11D-9#					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name George Hendrix					
Signature George Hendrix			Month Day Year 10/1/13/88		

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

NOTICE: THE ORIGINAL AND NOT LESS THAN TWO (2) COPIES MUST MOVE WITH THE HAZARDOUS WASTE SHIPMENT. ONCE DELIVERED, THE TREATMENT/STORAGE/DISPOSAL FACILITY MUST RETURN THIS ORIGINAL COPY TO THE GENERATOR.

See print on type. (Form designed for use on elite (12-pitch), typewriter.)

EPA Form 8700-22 (Rev. 9-86)

Form Approved. OMB No. 2050-0039, Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>ILD089024684 148873</b>		Manifest Document No. <b>148873</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address <b>MAGNETROL INT. INC. 5300 BELMONT RD, DOWNERS GROVE, IL</b>				A. Illinois Manifest Document Number <b>1948873</b>		B. Illinois Generator's ID <b>1045000004</b>		C. Illinois Facility's ID <b>11123</b>	
4. Generator's Phone (312) 969-4000-60575 IL				6. US EPA ID Number <b>ILD051060408</b>		D. (312) 697-1824		Transporter's Phone	
5. Transporter 1 Company Name <b>SAFETY-KLEEN</b>				8. US EPA ID Number		E. Illinois Transporter's ID		Transporter's Phone	
7. Transporter 2 Company Name				10. US EPA ID Number		F. Illinois Facility's ID		Facility's Phone	
9. Designated Facility Name and Site Address <b>SAFETY-KLEEN 633 E. 138th St DOITON, IL.</b>				10. US EPA ID Number <b>ILD980613913</b>		G. Illinois Facility's ID <b>103110690006</b>		H. Facility's Phone <b>(312) 849-4850</b>	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit Wt/Vol	
WASTE 1. 1, 1, TRICHLOROETHANE (FOOL)				No. Type		Quantity		Wt/Vol	
ORM-A WASTE LIQUID UN2831				0.05 DM		00225		1	
WASTE 2. TRICHLOROETHYLENE (FOOL)				0.03 DM		00130		1	
ORM-A WASTE LIQUID UN1710				0.02 DM		00100		1	
WASTE 3. FREON - TMS NA 9189 (FOOL)				0.02 DM		00100		1	
ORM-E HAZARDOUS WASTE LIQUID N.O.S.				0.02 DM		00100		1	
d.									
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above in Item #14 1 = Gallons 2 = Cubic Yards					
15. Special Handling Instructions and Additional Information <b>IF WASTE in Section 11.a; b; c are undeliverable for any reason, return to the generator.</b>									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name <b>LOREN DATA</b>				Signature <i>Loren Data</i>				Date <b>032288</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name <b>David W. Burgh</b>				Signature <i>David W. Burgh</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.				Printed/Typed Name <b>Gail M. Coffman</b>				Signature <i>Gail M. Coffman</i>	
								Date <b>032388</b>	

ILLINOIS 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA

PART - 3 FACILITY

PART - 4 TRANSPORTER

PART - 5 IEPA

PART - 6 GENERATOR

GENERATOR COPY - PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require pursuant to Illinois Revised Statutes, Chapter 111, Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$5,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 3 years. This form has been approved by the Forms Management Center.



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address		MAGNETROL INT. INC. 5300 BELMONT RD DOWNERS GROVE, IL			A. Illinois Manifest Document Number	
4. Generator's Phone		(312) 969-4000			B. Generator's Name	
5. Transporter 1 Company Name		SAFETY-KLEEN			C. Transporter's Name	
6. US EPA ID Number		ILD051060408			D. Transporter's Phone	
7. Transporter 2 Company Name					E. Illinois Transporter ID	
8. US EPA ID Number					F. Transporter's Phone	
9. Designated Facility Name and Site Address		SAFETY-KLEEN 633 E. 138th St DORTON, IL			G. Illinois Facility ID	
10. US EPA ID Number		ILD980613913			H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	
WASTE 1.1.1. TRICHLOROETHANE (F+)						XX
ORM-A WASTE LIQUID UN2831		00.5	DM	0.0225	1	XX
WASTE TRICHLOROETHYLENE (F+)						XX
ORM-A WASTE LIQUID UN1710		0.03	DM	0.0130	1	XX
WASTE FREON - TMS NA 9189 (F+)						XX
ORM-E HAZARDOUS WASTE LIQUID N.O.S.		0.02	DM	0.0130	1	XX
d.						XX
15. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes				
		- Gallons - Other Units				
15. Special Handling Instructions and Additional Information						
IF WASTE IN SECTION 11. a; b; c are undeliverable for any reason, return to the generator.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.						
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name		Signature			Date	
LOREN DRE		[Signature]			03-2-88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature			Date	
Printed/Typed Name		Signature			Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature			Date	
Printed/Typed Name		Signature			Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name		Signature			Date	
					Month Day Year	

Print or type

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-86)

Form Approved. OMB No. 2050-0039, Expires 9-30-88

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. ILD089824684		Manifest Document No. 148875	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address MAGNETTOL INT, INC. 5300 BELMONT, DOWNERS GROVE, 60515, IL.					A. Illinois Manifest Document Number 107897		
4. Generator's Phone (312) 969-4000		5. Transporter 1 Company Name SAFETY-KLEEN		6. US EPA ID Number ILD051060408	B. Transporter's Phone		
7. Transporter 2 Company Name		8. US EPA ID Number		E. Illinois Transporter's ID			
9. Designated Facility Name and Site Address SAFETY-KLEEN 633 E. 138th Street DOLTON, IL.		10. US EPA ID Number ILD980613913		G. Illinois Facility's ID 0310690006			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol	Waste No.	
a. <del>WASTE 1,1,1-TRICHLOROETHANE</del> (FOOT) <del>LIQUID, ORM-A, UN2831</del> L.D.A.T.A.		001 DM		0.0050	1	XXI 001	
b. WASTE TRICHLOROETHYLENE (FOOT) R.Q. LIQUID, ORM-A, UN1710		013 DM		0.0600	1	XXI 001	
c. WASTE FREON, N.O.S. (FOOT) ORM-E, NA9189		001 DM		0.0050	1	XXI 001	
d.						XXI 001	
J. Additional Descriptions for Materials Listed Above					K. Handling Codes for Wastes Listed Above in Item # 14 1 = Gallons 2 = Cubic Yards		
15. Special Handling Instructions and Additional Information IF WASTE IN SECTION 11.A, B, C ARE UNDELIVERABLE RETURN TO THE GENERATOR							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name LOREN DATA				Signature Loren Data		Date Month Day Year 080888	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature David W. Burch		Date Month Day Year 080888	
Printed/Typed Name David W. Burch				Signature David W. Burch		Date Month Day Year 080888	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year	
Printed/Typed Name				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19							
Printed/Typed Name Gail M. Colman				Signature Gail M. Colman		Date Month Day Year 080888	

ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA

PART - 3 FACILITY

PART - 4 TRANSPORTER

PART - 5 IEPA

PART - 6 GENERATOR

GENERATOR COPY - PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 1115, Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or generator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.



54719

2200 CHURCH HILL ROAD, SPRINGFIELD, ILLINOIS 62764-3276 (217) 782-6761  
P.O. BOX 19276ILLINOIS  
LPC 62 B-81

Please print or type

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-86)

Form Approved OMB No. 2050-0039, Expires 9-30-89

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address MAGNETROL INT. 5300 BELMONT RD. DOWNERS GROVE, ILL 60203		4. Generator's Phone (312) 969-4000		5. Transporter 1 Company Name VAN WATERS & ROGERS		6. US EPA ID Number ILD000819938		A. Illinois Manifest Document Number IL 2133124	
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address Safety-Kleen DOLTON, ILL 633 E. 138th Street		10. US EPA ID Number ILD980613913		B. Illinois Generator's ID 01430130101014	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. Waste 1,1,1, Trichloroethane Liquid, ORM-A, UN2831 (FOOI)		002 DM		001.10		1		EPA HW Number XXIF10101 Authorization Number 0001612	
b. RQ Waste Trichloroethylene Liquid, ORM-A UNIT10 (FOOI)		005 DM		00275		1		EPA HW Number XXIF10101 Authorization Number 0001612	
c.								EPA HW Number XX Authorization Number	
d.								EPA HW Number X Authorization Number	
J. Additional Descriptions for Materials Listed Above CONTROL a. 400833 WEIGHT b. 400374 WTS 4,760		K. Handling Codes for Wastes Listed Above In Item # 14 1 = Gallons 2 = Cubic Yards							
15. Special Handling Instructions and Additional Information IF WASTE IN SECTION 11 a. & b. are undeliverable, return to the generator. 03083995									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Printed/Typed Name LOREN DATA		Signature Loren Data		Date 120888			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name NICK CORSO		Signature Nick Corso		Date 120888			
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name JERRY T. CHIRO		Signature Jerry T. Chiro		Date 120888			
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Printed/Typed Name GAIL M. COLEMAN		Signature Gail M. Coleman		Date 120888			

ILLINOIS: 217/782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800/424-8802 or 202/426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA

PART - 3 FACILITY

PART - 4 TRANSPORTER

PART - 5 IEPA

PART - 6 GENERATOR

REV. 7 GENERATOR COPY - PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Hazardous Substances Chapter 111.5 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Center.



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-86)

Form Approved. OMB No. 2050-0039, Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address 5300 BELMONT RD, DOWNERS GROVE, IL		Location If Different: MAGNETROL			
4. Generator's Phone (312) 969-4000		6. US EPA ID Number 60515			
5. Transporter 1 Company Name Burren Transfer Company		8. US EPA ID Number ILD008 871 782			
7. Transporter 2 Company Name		9. Designated Facility Name and Site Address SAFETY-KIEEN 633 E. 138th St. Dorton, IL			
10. US EPA ID Number ILD9806313913		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	
a. R.Q. WASTE 1.1.1-TRICHLOROETHANE ORM-A, LIQUID PHASE, F001, UN283		008 0.07 DM		13. Total Quantity 00345 00300	
b. R.Q. WASTE TRICHLOROETHYLENE ORM-A, LIQUID PHASE, UN170, F001		009 0.10 DM		00405 00450	
c. WASTE FREON-TMS F001 ORM-E, LIQUID PHASE, N.O.S., NA-9189		0.01 DM		00050	
d.					
15. Special Handling Instructions and Additional Information IF ANY OF THE MATERIAL IN SEC. 11-a, b or c is undeliverable RETURN TO THE GENERATOR 09525700		K. Handling Codes for Wastes Listed Above in item #14 1 = Gallons 2 = Cubic Yards			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Printed/Typed Name LOREN DATA		Signature Loren Data Date 082389	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ROBERT L. GEHRING		Signature Robert L. Gehring		Date 082389	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space Corrected container # and total quantity per lab analysis					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Date			
Printed/Typed Name Gail M. Colman		Signature Gail M. Colman		Date 082489	

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR



## STATE OF ILLINOIS

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS, INFECTIOUS  
AND SPECIAL WASTE.

State Form LPC 62 8/81

IL532-0610

## PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-88)

Form Approved. OMB No. 2050-0039, Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address MAGNETTOL INT, INC. 5300 BELMONT RD. DOWNERS GROVE, IL, 60515		Location If Different:			
4. Generator's Phone (708) 969-4000					
5. Transporter 1 Company Name BUTTEN TRANSFER COMPANY		6. US EPA ID Number ILD008871782			
7. Transporter 2 Company Name SAFETY-KLEEN		8. US EPA ID Number ILD051060408			
9. Designated Facility Name and Site Address SAFETY-KLEEN 633 E. 138TH ST. DOLTON, IL		10. US EPA ID Number ILD9806313913			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit MT/VOL
a. R.Q WASTE 1.1.1. Trichloroethane ORM-A, LIQUID PHASE, F001, UN2831		002	DM	0,007,5	1
b. R.Q WASTE TRICHLOROETHYLENE ORM-A, LIQUID PHASE, UN1710, F001		003	DM	00150	1
c. WASTE TRICHLOROTRIFLUOROETHANE (FREON-TMS) LIQUID, N.O.S., NA-9189		001	DM	0,00,40	1
d.					
J. Additional Descriptions for Materials Listed Above: * SAFETY-KLEEN WAS THE TRANSPORTED BUTTEN LIST BY MISTAKE. Date 2/14/90		K. Handling Codes for Wastes Listed Above: Tech #14 Gallons: 502 Cubic Yards: 502 501 502 501 502 R03			
15. Special Handling Instructions and Additional Information IF ANY OF THE MATERIAL IN SEC 11-a, b OR c IS UNDELIVERABLE RETURN TO THE GENERATOR					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name LOREN DATA		Signature Loren Data		Date Month Day Year 02 14 90	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name KENNETH TOSE		Signature Kenneth Tose		Date Month Day Year 02 14 90	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space Reject 1 drum line item 11b. pH 13.4 does not meet facility permits. Return to generator.					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name GAIL M. COLLEMAN		Signature Gail M. Coleman		Date Month Day Year 02 14 90	

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111 1/2, Section 21, that the information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 10 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR



## PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-86)

Form Approved: OMB No. 2050-0039, Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address MAGNETTOL INT, INC. 5300 Belmont Rd Downers Grove, IL 60515		Location If Different:		1 of 1	
4. Generator's Phone (708) 969-4000		8. US EPA ID Number ILD089824684	10361		
5. Transporter 1 Company Name Safety-Kleen L. Date 4/26		8. US EPA ID Number ILD051060908			
7. Transporter 2 Company Name BURREN TRANSFER COMPANY		8. US EPA ID Number ILD008871782			
9. Designated Facility Name and Site Address SAFETY-KLEEN 633 E. 138th St. Dolton, IL		10. US EPA ID Number ILD980613913			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	
a. R.Q. WASTE TRICHLOROETHYLENE ORM-A; Liquid Phase; UN1710; F001		007 DM	00350	1	
b. R.Q. WASTE 1,1,1, LIQUID, ORM-A (TRICHLOROETHANE) UN2831 F001		001 DM	00040	1	
c. R.Q. WASTE TRICHLOROETRIFLUORETHANE (FREON) LIQUID, NA-9189 F001		001 DM	00050	1	
d. R.Q. WASTE CLEANING COMPOUND, LIQUID, COMBUSTIBLE, NA-1993 F002		002 DM	00100	1	
Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
		Gallons 562 = 600			
15. Special Handling Instructions and Additional Information IF any of the material in sec. 11.a is undeliverable return it to the Generator 16062945					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name LOREN DATA		Signature Loren Data		Date Month Day Year 04 26 90	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name GLENN FORTY		Signature Glenn Forty		Date Month Day Year 04 26 90	
19. Discrepancy Indication Space Transporter 1. Canceled changed to Transporter 2 4/26/90 Corrected section 3 and 10. Corrected container # & quantity L. Data for 11a & b approved per L. Data 4-30-90					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Gail H. Colman		Signature Gail H. Colman		Date Month Day Year 04 27 90	

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COPY 1. TSD MAIL TO GENERATOR

In case of a spill call the Illinois Office of Emergency Response at 217/782-3637 and the National Response Center at 800/424-9302 or 202/426-2673.



86050

P.O. BOX 19276

, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81

IL532-0610

FOR SHIPMENT OF HAZARDOUS, INFECTIOUS  
AND SPECIAL WASTE.

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-86)

Form Approved OMB No. 2050-0039, Expires 9-30-91

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>ILD087824684</b>		Manifest Document No. <b>103605</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.					
3. Generator's Name and Mailing Address <b>MAGNETROL INT INC. 5300 BELMONT ROAD, DOWNERS GROVE, IL</b>						A. Illinois Manifest Document Number <b>IL 3103605</b> <b>MANIFEST FEE EXEMPT</b>							
4. Generator's Phone (708) 969-4000 60515						B. Illinois Generator's ID <b>0430300004</b>							
5. Transporter 1 Company Name <b>BURDEN TRANSPORT</b>						C. Illinois Transporter's ID <b>1464</b>							
6. US EPA ID Number <b>ILD008871782</b>						D. (708) 741-3840 Transporter's Phone							
7. Transporter 2 Company Name						E. Illinois Transporter's ID							
8. US EPA ID Number						F. ( ) Transporter's Phone							
9. Designated Facility Name and Site Address <b>SAFETY-KLEEN 633 E. 138th Street Dolton, IL</b>						G. Illinois Facility's ID <b>0310690006</b>							
10. US EPA ID Number <b>ILD980613913</b>						H. Facility's Phone <b>(708) 849-4850</b>							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt./Vol.		15. Waste No.	
a. R.Q. Waste 1.1.1. Trichloroethane LIQUID, ORM-A; UN 2831						003 DM		0.0150		1		EPA HW Number XXF01011 Authorization Number 0009162	
b. R.Q. Waste TRICHLOROETHYLENE, 111 (TRICHLOROETHANE) LIQUID, ORM-A, UN 2831, F001						001 DM		0.0050		1		EPA HW Number XXF01011 Authorization Number 0009162	
c. 2831												EPA HW Number XXF01011 Authorization Number 0009162	
d.												EPA HW Number XXF01011 Authorization Number 0009162	
J. Additional Descriptions for Materials Listed Above <b>MACHINE OILS &amp; WATER BASED COOLANTS MIXED</b>						K. Handling Codes for Wastes Listed Above In Item 11 <b>501 502 503</b>							
15. Special Handling Instructions and Additional Information <b>IF ANY MATERIAL IN SECTION 11 IS UNDELIVERABLE RETURN IT TO THE GENERATOR</b>													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						17608704							
Printed/Typed Name <b>LOREN DATA</b>						Signature <i>Loren Data</i>						Date Month Day Year <b>06/18/90</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials												Date	
Printed/Typed Name <b>DAVID L. ROBERTSON</b>						Signature <i>David L. Robertson</i>						Month Day Year <b>06/18/90</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials												Date	
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space <b>11B- Description changed to Trichloroethane, as analyzed - ok by Loren Data 7-2-90 ip</b>													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.												Date	
Printed/Typed Name <b>Gail M. Coffman</b>						Signature <i>Gail M. Coffman</i>						Month Day Year <b>06/19/90</b>	

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111 1/2 Section 21, that the information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR



1374-2

State Form LPO-606-81

EPA Form 8700-22 (Rev. 9-86)

PLEASE TYPE

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.

ILD008871782

2. Manifest Number

108871782

IL 3103615

FEE EXEMPT

3. Generator's Name and Mailing Address

MAGNETROL  
5300 Belmont IL 60515

4. Generator's Phone (708) 709-4000

5. Transporter 1 Company Name

BURREN TRANSFER

6. Transporter 2 Company Name

7. Consignee Facility Name and Mailing Address

SAFETY KLEEN  
633 E. 138th St.  
Dalton, IL

6. US EPA ID Number

ILD008871782

9. US EPA ID Number

10. US EPA ID Number

11. US EPA ID Number

12. US EPA ID Number

13. US EPA ID Number

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80. US EPA ID Number

B. Illinois Generator's ID

0430300004

C. Illinois Transporter's ID

D 708 741-3840

E. Illinois Transporter's ID

F. Illinois Transporter's ID

G. Illinois Transporter's ID

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BV. Illinois Transporter's ID

BW. Illinois Transporter's ID

BX. Illinois Transporter's ID

BY. Illinois Transporter's ID

BZ. Illinois Transporter's ID

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit

15. Waste No.

16. EPA HW Number

17. Authorization Number

18. EPA HW Number

19. Authorization Number

20. EPA HW Number

21. Authorization Number

22. EPA HW Number

23. Authorization Number

24. EPA HW Number

25. Authorization Number

26. EPA HW Number

27. Authorization Number

28. EPA HW Number

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168. EPA HW Number

169. Authorization Number

170. EPA HW Number

171. Authorization Number

172. EPA HW Number

173. Authorization Number

174. EPA HW Number

93090

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter)

EPA Form 8700-22 (Rev. 9-86)

Form Approved OMB No 2050-0039 Expires 9-30-91

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.

ILD089824684

Manifest Document No  
103609

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law

3. Generator's Name and Mailing Address

MAGNETROL INT. INC.

Location If Different

5300 BELMONT ROAD, DOWNERS GROVE, IL

4. Generator's Phone (708) 969-4000

A. Illinois Manifest Document Number

IL 3103609

MANIFEST FEE EXEMPT

B. Illinois Generator's ID

104303000004

5. Transporter 1 Company Name

SAFETY-KLEEN

6. US EPA ID Number

ILD000805911978

C. Illinois Transporter's ID

11123

7. Transporter 2 Company Name

8. US EPA ID Number

ILD051060408

D. (312) 697-1824

Transporter's Phone

E. Illinois Transporter's ID

9. Designated Facility Name and Site Address

SAFETY-KLEEN

633 E. 138th STREET

DOLTON, IL

10. US EPA ID Number

ILD980613913

F. ( )

Transporter's Phone

G. Illinois Facility's ID

1031106900006

H. Facility's Phone

(708) 849-4850

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit Wt/Vol

Waste No.

a. R.Q. WASTE 1.1.1. TRICHLOROETHANE

LIQUID; ORM-A; UN2831

012 DM 0.9550 1

EPA HW Number

XXI F01011

Authorization Number

010101612

b. EPA HW Number

XXI

Authorization Number

XXI

c. EPA HW Number

XXI

Authorization Number

XXI

J. Additional Descriptions for Materials Listed Above

MACHINE OILS & WATER BASED COOLANTS

MIXED IN ITEM 11.a.

K. Handling Codes for Wastes Listed Above In Item #14

1 = Gallons 2 = Cubic Yards

501503 RUS

15. Special Handling Instructions and Additional Information

IF MATERIAL IN SECTION 11.a. IS UNDELIVERABLE

RETURN IT TO THE GENERATOR

20947644

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

LOREN DATA

Signature

Loren Data

Date

Month Day Year

10/18/90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Kenneth Rose

Signature

Kenneth Rose

Date

Month Day Year

10/18/90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 4e.

Printed/Typed Name

Glynis Adams

Signature

Glynis Adams

Date

Month Day Year

10/18/90

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of up to \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

CASE TYPE

EPA Form 8700-22 (Rev. 9-86)

UNIFORM HAZARDOUS  
WASTE MANIFEST

1. Generator's US EPA ID No.

ILD089824684

Manifest

IL3610

2. Page 1

Information on the back of this form

3. Facility Name and Mailing Address

MAGNETROL INT INC

Location If Different

5300 BARNETT AV., DOWNERS GROVE, ILL 60515

A. Illinois Manifest Document Number

IL 3103610

FEE EXEMPT

4. Generator's Phone ( )

708 969-4000

B. Illinois  
Generator's  
ID

0430300004

5. Transporter 1 Company Name

Burren Transfer Company

6. US EPA ID Number

ILD008871782

C. Illinois Transporter's ID

1464

D. (708) 741-3840 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

9. Designated Facility Name and Site Address

SAFETY KLEEN

633 E. 138th St

Dolton, IL

10. US EPA ID Number

ILD980613913

G. Illinois  
Facility's  
ID

0310690006

H. Facility's Phone

(708) 849-4850

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total  
Quantity14. Unit  
Weight

15. Waste No.

a. R.Q. Hazardous Waste 1,1,1-Trichloroethane

004

DM

00.160

1

XXE001

Liquid, ORM-A, UN2831 (FOO1) (ERG# 74)

004

DM

00.160

1

XXE001

b. R.Q. Hazardous Waste, Liquid N.O.S.

(Trichloroethyl Fluoroethane) ORM-E

NA-9189 (FOO2) (ERG# 31)

0.0

IDM

0.040

1

XXE002

c. R.Q. WASTE COMPOUND, CLEANING LIQUID

COMBUSTIBLE LIQUID, NA1993 (FOO2) (ERG# 27)

0.0

IDM

0.030

1

XXE002

d.

XXE003

J. Additional Descriptions for Materials Listed Above

11-2F001

Changes in Waste No. made by Loren Data

5/21/99

K. Handling Codes for Wastes Listed Above  
In Item # 14

1 = Gallons 2 = Cubic Yards

S01-S02-R03

S01-S02-R03

S01-S02-R03

15. Special Handling Instructions and Additional Information

IF ANY MATERIAL IS FOUND ~~X~~ IN SECTIONS 11.a 11.b or 11.c to be  
undeliverable return it to the Generator p. Data  
ER Phone # 708-969-400016. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by  
proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway  
according to applicable international and national government regulations.If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be  
economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and  
future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select  
the best waste management method that is available to me and that I can afford.

Printed/Typed Name

LOREN DATA

Signature

Loren Data

Date

Month Day Year  
05 21 91

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

B B MIDDLETOWN

Signature

B B Middleton

Month Day Year  
5 21 91

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

15-Added emergency response phone #, & corrected 11-B(E) to F002 -  
ok by Loren Data 5/22/91 p. Data

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

ELEN ANDERSEN

Signature

Elen Andersen

Date

Month Day Year  
05 22 91

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Foris Management Center.

COPY 1. TSD MAIL TO GENERATOR

EPA Form 8700-22 (Rev. 9-86)

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

ILD02982-684

Manifest No.

0314

Page 1

1

2. Generator's Name and Mailing Address

MA SNETROL

5300 BELMONT AV.

DOWNERS GROVE, ILL. 60515

Location If Different

A. Illinois Manifest Number

IL3103614

FREE EXEMPT

B. Illinois

Generator's ID

10430300004

C. Illinois Transporter's ID

11123

D. (708-849-4850) Transporter's Phone

E. Illinois Transporter's ID

F. ( )

Transporter's Phone

G. Illinois

Facility's ID

03106900002

H. Facility's Phone

(708) 849-4850

3. Designated Facility Name and Site Address

SAFETY-KLEEN

633 E. 132nd St.

DAVENPORT, IL

10. US EPA ID Number

ILD980613913

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. R.Q. HAZARDOUS WASTE 1.1.1. TRI-CHLOROETHANE, LIQUID, ORM-A; UN2831; FCOL; ERG # 74  
\* EMERGENCY RESPONSE # 708-969-4000

12. Containers

No. Type

13. Total Quantity

0.4 DM 0.022.0

14. Unit

Wt/Vol

Waste No.

EPA HW Number  
XX F00.1

Authorization Number  
000161

EPA HW Number  
XX

Authorization Number

EPA HW Number  
XX

Authorization Number

EPA HW Number  
XX

Authorization Number

J. Additional Descriptions for Materials Listed Above

1.1.1. is FROM degreasing process removing oils & water base coolants from parts.

K. Handling Codes for Wastes Listed Above  
In Item # 14

1 = Gallons 2 = Cubic Yards

30. See ROS

15. Special Handling Instructions and Additional Information

IF ANY MATERIAL IN SECTION 11.a IS FOUND UNDELIVERABLE RETURN IT TO THE GENERATOR.

SAFETY KLEEN Manifest #  
ACCOUNT #

29274266

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

LOREN DATA

Signature

Loren Data

Date

Month Day Year  
070391

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

KENNETH RASE

Signature

Kenneth Rase

Date

Month Day Year  
070391

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Gail M Coffey

Signature

Gail M Coffey

Date

Month Day Year  
070391



EASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-88)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD089824684	Manifest Document No. 42371	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address Magnetrol International 5300 Belmont Road, Downers Grove, IL 60515			Location If Different		A. Illinois Manifest Document Number IL 4642371
4. Generator's Phone ( 708 ) 969-4000			6. US EPA ID Number ILD984781146		B. Illinois Generator's ID 10430300004
5. Transporter 1 Company Name Environmental Waste Services			7. Transporter 2 Company Name		C. Illinois Transporter's ID 12702
9. Designated Facility Name and Site Address EWR Inc. 2390 S. Broadway St Coal City, IL 60416			10. US EPA ID Number ILD087157251		D. Transporter's Phone 708897-5255
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt./Vol.
a. Hazardous Waste, Liquid, N.O.S. (1,1,1-Trichloroethane) ORM-E NA9189			23 DM	1265	1
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above in Item # 14 1 = Gallons 2 = Cubic Yards		
a. Contaminated Coolant (20644) F002					
15. Special Handling Instructions and Additional Information  Emergency Contact # 708-969-4000					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name LOREN DATA			Signature Loren Data		Date Month Day Year 11 05 91
17. Transporter 1 Acknowledgement of Receipt of Materials			Printed/Typed Name Andrew Larson		Signature Andrew Larson
18. Transporter 2 Acknowledgement of Receipt of Materials			Printed/Typed Name		Signature
19. Discrepancy Indication Space			Date Month Day Year 11 05 91		
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.			Printed/Typed Name R. McKinney		Signature R. McKinney
					Date Month Day Year 11 05 91

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR COPY



21859

UNIFORM HAZARDOUS WASTE MANIFEST (EPA Form 8700-22)

State Form 1 (PC 6/2/81) IL 532-0610

PLEASE TYPE

(Form designed for use on either typewriter or computer)

EPA Form 8700-22 (Rev. 9-88)

Form Approved OMB No. 2040-0188

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address Location If Different FREEDOM INT INC 5300 Belmont Ave, Downers Grove, ILL.		4. Generator's Phone 708 789-4000	6. US EPA ID Number IL00232404	A. Illinois Manifest Document Number IL 4558915	Fee Paid, if Applicable
5. Transporter 1 Company Name SAFETY-KLEEN		6. US EPA ID Number IL00232404	7. Transporter 1 Company Name SAFETY-KLEEN	B. Illinois Generator's ID 104303000004	
8. Designated Facility Name and Site Address SAFETY-KLEEN 623 E. 138th St Dorton, ILL.		8. US EPA ID Number IL0051060408	9. Designated Facility Name and Site Address SAFETY-KLEEN 623 E. 138th St Dorton, ILL.	C. Illinois Transporter's ID 1708743840	Transporter's Phone 708 849-4850
10. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		10. US EPA ID Number ILD98061213	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	D. Illinois Transporter's ID 1708743840	Transporter's Phone 708 849-4850
a. R.Q. Hazardous Waste Liquid N.O.S. (TRICHLOROETHYLENE) ORM-E NA-9189, F002, ERG #3		12. Containers No. Type	13. Total Quantity 001 DM 000501	14. Unit Wt/Vol	1. Waste No. EPA HW Number XX F002 Authorization Number 000162
b.					EPA HW Number XX Authorization Number
c.					EPA HW Number XX Authorization Number
d.					EPA HW Number XX Authorization Number
J. Additional Descriptions for Materials Listed Above Also called Freon Tms, used in electronic board cleaning process, may have traces of FLUX.		K. Handling Codes for Wastes Listed Above In Item # 14 1 = Gallons 2 = Cubic Yards 501/502/203			
15. Special Handling Instructions and Additional Information IF THE MATERIAL IN SECTION 11.a IS FOUND TO BE UNDELIVERABLE return it to the Generator. LINE(5) WRONG NAME of transporter					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name LOREN DATA		Signature Loren Data		Date 042392	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Kenneth Rose		Date 042392	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19					
Printed/Typed Name Mary Ann Kraus		Signature Mary Ann Kraus		Date 042392	

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111, Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR COPY



36070

State Form LFC 628/81 IL532-0610

PLEASE TYPE

(Form designed for use on letter (12 point) typewriter)

EPA Form 8700-22 (Rev. 9-88)

Form Approved OMB No. 2040-0045 Expires 12-31-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No ILD023224084	Manifest Document No 5892	2. Page 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law
3. Generator's Name and Mailing Address MAGNETRON INT. INC. 5300 BURNMONT, DOWNERS GROVE, IL. 60515		Location If Different		A. Illinois Manifest Document Number IL 4558303	
4. Generator's Phone (708) 969-4000		6. US EPA ID Number ILD051060408		B. Illinois Generator's ID 1041303000004	
5. Transporter 1 Company Name SAFETY-KLEEN		8. US EPA ID Number		C. Illinois Transporter's ID 111123	
7. Transporter 2 Company Name		10. US EPA ID Number		D. (708) 849-4850 Transporter's Phone	
9. Designated Facility Name and Site Address SAFETY-KLEEN 633 E. 138th St. Dolton, IL		12. Containers No. Type Quantity 003 D M 0.0 130 1		E. Illinois Transporter's ID 111123	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. R.G. HAZARDOUS WASTE LIQUID N.O.S. (TRICHLOROETHYLENE) CERM-E NA-9129, F002, ERG #31		13. Total Quantity 1		F. ( ) Transporter's Phone	
b.		14. Unit Wt. Vol.		G. Illinois Facility's ID 1031069000006	
c.		1. Waste No. EPA HW Number XX F002 Authorization Number 0101162		H. Facility's Phone (708) 849-4850	
d.		EPA HW Number XX Authorization Number			
J. Additional Descriptions for Materials Listed Above USED in P.C. Board Cleaning Process. MAY have traces OF flux products.		K. Handling Codes for Wastes Listed Above In Item #14 1 = Gallons 2 = Cubic Yards S01/S02/R05			
15. Special Handling Instructions and Additional Information IF THE MATERIAL IN SECTION 11a. is found to be undeliverable, return it to the Generator ER # 708-969-4000 42843920					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name LOREN DATA		Signature Loren Data		Date Month Day Year 07 16 92	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name KENNETH ROSE		Signature Kenneth Rose		Date Month Day Year 07 16 92	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space MAK 15- Added ER Phone # - rec'd from L. Data 7/2/92-					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name MAY DON ROSS		Signature MAY DON ROSS		Date Month Day Year 07 16 92	

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111½, Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR COPY



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD089824684	Manifest Document No. 45163	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address Magnetrol International 5300 Belmont Road, Downers Grove, IL 60515			Location If Different		A. Illinois Manifest Document Number IL 089824684
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* (708) 969-4000			6. US EPA ID Number		B. Illinois Facility ID 089824684
5. Transporter 1 Company Name CES Recovery Systems			IND985092600		C. Illinois Transporter ID 089824684
7. Transporter 2 Company Name OZINGAS TRANSPORTATION SYSTEMS			* 8. US EPA ID Number ILD 982067175 *		D. Illinois Facility ID 9211570001
9. Designated Facility Name and Site Address L.W.D., Inc Hwy 1523, P.O. Box 327 Calvert City, KY 42029			10. US EPA ID Number KYD088438817		E. Illinois Facility ID (502) 395-8313
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ, Waste flammable liquid, N.O.S. (perchloroethylene) 3, UN1993, F001, D001, pgIII			001 M	00055 G	X X F 0 0 1 EPA HW Number Authorization Number
b.					X X EPA HW Number Authorization Number
c.					X X EPA HW Number Authorization Number
d.					X X EPA HW Number Authorization Number
J. Additional Description for Materials Listed Above PC# NJ89 - ALSO D001			K. Handling Codes for Wastes Listed Above In Item #14 G = Gallons, Y = Cubic Yards T06 / T07 / M		
15. Special Handling Instructions and Additional Information If undeliverable, return to generator. Emergency number (708) 969-4000					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name JAMES M. JANI			Signature James M. Jani		Date Month Day Year 06 05 95
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JERRY VAN KUIK			Signature Jerry Van Kuik		Date Month Day Year 06 05 95
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Kenneth A. Ghera			Signature Kenneth A. Ghera		Date Month Day Year 06 06 95
19. Discrepancy Indication Space *per D. Van Leuven 6-13-95/mw for hws.					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name John P. Walker			Signature John P. Walker		Date Month Day Year 06 07 95

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

In case of a spill call the Illinois Office of Emergency Response at 217 / 782-7860 and the National Response Center at 800 / 424-8808 or 202 / 426-2675.



STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS  
AND SPECIAL WASTE

State Form LPC 62 8/81

IL532-0610

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved OMB No. 2050-0039 Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>IL D 0 8 9 8 2 4 6 8 4 2 0 5 5 9</b>		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by Illinois law.							
3. Generator's Name and Mailing Address <b>Magnetrol Int'l 5300 Belmont Road Downers Grove, IL 60515</b>				Location If Different		A. Illinois Manifest Document Number <b>IL 6370111</b> FEE PAID IF APPLICABLE									
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* <b>(708) 969-4000</b>						B. Illinois Generator's ID <b>0 4 3 0 3 0 0 0 0 4</b>									
5. Transporter 1 Company Name <b>CBS Recovery Systems</b>				6. US EPA ID Number <b>IL D 9 8 5 0 9 2 6 0 0</b>		C. Illinois Transporter's ID <b>3 4 8 6</b>									
7. Transporter 2 Company Name				8. US EPA ID Number		D. <b>708-460-9800</b> Transporter's Phone									
9. Designated Facility Name and Site Address <b>L.W.D., Inc. Rm 1523 P.O. Box 327 Calvert City, KY 42029</b>				10. US EPA ID Number <b>KY D 0 8 8 4 3 8 8 1 7</b>		E. Illinois Transporter's ID									
						F. ( ) Transporter's Phone									
						G. Illinois Facility's ID <b>9 2 1 1 5 7 0 0 0 1</b>									
						H. Facility's Phone <b>502 396-9221</b>									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
<b>NO. Waste Flammable Liquids, N.O.S., 3, UN1993, PGIII (D001)</b> <b>NO. Hazardous Waste Liquid, N.O.S., 9, NA3082, PGIII (F002)</b> <b>NO. Hazardous Waste Liquid, N.O.S., 9, NA3082, PGIII (F001)</b> <b>NO. Waste Flammable Liquid, N.O.S., 3, UN1993, PG I (D001, D035, F005)</b>						No.		Type				EPA HW Number			
						002		DM		00110		G		XX D 0 0 0 1	
						001		DM		00055		G		XX F 0 0 0 2	
						001		DM		00055		G		XX F 0 0 0 1	
						001		DM		00055		G		XX F 0 0 0 5	
Additional Description for Materials Listed Above						K. Handling Codes for Wastes Listed Above in Item #14 G = Gallons Y = Cubic Yards <b>G T06/T07/RR</b>									
15. Special Handling Instructions and Additional Information a.) <b>PC9 M14 Solder Flux</b> b.) <b>PC9 M22 Soni Kleen SK 300</b> c.) <b>PC9 M28 Forane 141B</b> d.) <b>PC9 M19 Toluene</b> <b>If material in 11 a.-d. is undenverable Return to generator</b>															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name <b>X JAMES JANI</b>					Signature <b>X [Signature]</b>					Date Month Day Year <b>09/16/96</b>					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <b>Jerry Van Kien</b>					Signature <b>[Signature]</b>					Date Month Day Year <b>09/16/96</b>					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name					Signature					Date Month Day Year					
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.										Date					
Printed/Typed Name <b>Leon Hobbs</b>					Signature <b>[Signature]</b>					Date Month Day Year <b>09/24/96</b>					

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1980, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

MAILED 1/31/02

DOWNERS GROVE SANITARY DISTRICT  
PROHIBITED MATERIALS DISCHARGE REPORT

July 1 through December 31, 2001

# 6

Company: MAGNETROL INTERNATIONAL

Location: 5300 Belmont Downers Grove, IL 60515

This Report was completed by: JAMES M. JANI

Title: Stockroom Supervisor / ENVIRONMENTAL Phone: 630-969-4000 ext 366  
COORDINATOR

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

- ◆ ☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: JAMES M. JANI Title: Stockroom Supervisor /  
(Please type or print name) ENVIRONMENTAL COORDINATOR

Signature: [Signature] Date: 1/31/02

DOWNERS GROVE SANITARY DISTRICT  
PROHIBITED MATERIALS DISCHARGE REPORT  
January 1 through June 30, 2001

Company: MAGNETROL INTERNATIONAL

Location: 5300 Belmont Downers Grove, IL 60515

This Report was completed by: JAMES M. JANI

Title: ENVIRONMENTAL COORDINATOR Phone: 630-969-4000 ext 366

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

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(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

- ♦ ☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: JAMES M. JANI Title: ENVIRONMENTAL COORDINATOR  
(Please type or print name)

Signature:  Date: 7/24/01

DOWNERS GROVE SANITARY DISTRICT  
PROHIBITED MATERIALS DISCHARGE REPORT  
July 1 through December 31, 1998

Company: MAGNETROL INTERNATIONAL

Location: 5300 Belmont Downers Grove, IL 60515

This Report was completed by: JAMES M. JANI

Title: ENVIRONMENTAL COORDINATOR Phone: 630-969-4600 ext 366

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

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(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

- ◆ ☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: JAMES M. JANI Title: ENVIRONMENTAL COORDINATOR  
(Please type or print name)

Signature:  Date: 1/18/99

MAILED 7/25/00

DOWNERS GROVE SANITARY DISTRICT  
PROHIBITED MATERIALS DISCHARGE REPORT

January 1 through June 30, 2000

Company: MAGNETROL INTERNATIONAL

Location: 5300 Belmont Downers Grove, IL 60515

This Report was completed by: JAMES M. JANI

Title: ENVIRONMENTAL COORDINATOR Phone: 630-969-4000 ext 366

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

(Please attach additional sheets)

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The report must be signed by an authorized agent of the company named above:

Authorized Agent: JAMES M. JANI Title: ENVIRONMENTAL COORDINATOR  
(Please type or print name)

Signature: James M. Jani Date: 7/25/00

Mailed 1/17/00

DOWNERS GROVE SANITARY DISTRICT  
PROHIBITED MATERIALS DISCHARGE REPORT  
July 1 through December 31, 1999

Company: MAGNETROL INTERNATIONAL

Location: 5300 Belmont Downers Grove, IL 60515

This Report was completed by: JAMES M. JANI

Title: Stockholm Supervisor / Environmental Coordinator Phone: 630-969-4000 ext 366

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

(Please attach additional sheets)

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The report must be signed by an authorized agent of the company named above:

Authorized Agent: JAMES M. JANI Title: Stockholm Supervisor / Environmental Coordinator  
(Please type or print name)

Signature: James M. Jani Date: 1/17/00

BOARD OF TRUSTEES  
Donald E. Eckmann  
President

Wallace D. Van Buren  
Vice-President

David J. Morrill  
Clerk

# Downers Grove Sanitary District

2710 Curtiss Street  
P.O. Box 1412  
Downers Grove, IL 60515-0703  
Phone: 630-969-0664  
Fax: 630-969-0827

## STAFF

Lawrence C. Cox  
General Manager

Ralph E. Smith, Jr.  
Operations Director

Sheila K. Henschel  
Administrative Services  
Director

## LEGAL COUNSEL

Michael C. Wiedel

*Providing a Better Environment for South Central  
DuPage County*

## COMMERCIAL-INDUSTRIAL USER WASTEWATER SURVEY 2000

COMPANY NAME: MAGNETROL INTERNATIONAL INCORPORATED

ADDRESS: 5300 BELMONT ROAD, DOWNERS GROVE, IL 60515

CORPORATE ADDRESS (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF CONTACT PERSON: JAMES JANI

TITLE: STOCKROOM SUPERVISOR/ ; PHONE NUMBER: (630) 969-4000

ENVIRONMENTAL COORDINATOR  
SECTION I: GENERAL INFORMATION

1. Please provide a brief narrative description of the commercial activities being carried out at the facility named above:

MANUFACTURE OF LEVEL AND FLOW INSTRUMENTATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List the Standard Industrial Classification Codes (SIC) which apply to your facility:

3823

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

<input type="checkbox"/> Office	<input type="checkbox"/> Printing/Engraving	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Retail Store	<input type="checkbox"/> Medical Office	<input type="checkbox"/> Packaging
<input type="checkbox"/> Restaurant/Cafeteria	<input type="checkbox"/> Computer Center	<input type="checkbox"/> Assembly
<input type="checkbox"/> Wholesale/Distributor	<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Fabricating
<input type="checkbox"/> Testing Laboratory	<input type="checkbox"/> Photo Processing	<input type="checkbox"/> Auto Repair
<input type="checkbox"/> Truck Repair	<input type="checkbox"/> Body Shop	<input type="checkbox"/> Car Wash
<input type="checkbox"/> Appliance Repair	<input type="checkbox"/> Equipment Repair	<input type="checkbox"/> Laundry
<input type="checkbox"/> Dry Cleaning	<input type="checkbox"/> Industrial Laundry	<input type="checkbox"/> Metal Plating-Finishing

3. How is water used within your facility? Please check all the uses that apply:

- ☐ Food Service
- ☒ Household-cleaning office and shop areas
- ☒ Sanitary uses, toilets, sinks and showers
- ☐ Laundry
- ☐ Process Uses, as part of product or used in the manufacture of product
- ☐ Cooling Water-Direct Contact
- ☐ Cooling Water-Indirect Contact
- ☒ Boiler Feed
- ☒ Air Conditioning
- ☐ Air Pollution Equipment
- ☐ Clean-Up of Process Equipment
- ☒ Landscape Watering
- ☒ Other, please specify AQUEOUS-BASED PARTS WASHER  
(WASTEWATER IS NOT DISCHARGED INTO THE SEWER SYSTEM)

4. What is the average water usage for this facility? 154 CUBIC FEET/MONTH  
(Please state if the reported amount is daily, weekly, monthly or annual water use rate.) (BASED ON A TWELVE MONTH AVERAGE- 08/24/99 THRU 08/21/00)

5. What is the average volume of water used in manufacturing and/or service operations at your facility? Please describe the process that corresponds to the water flow values. Include all process water uses including such items as film processing, non-contact and contact cooling water, rinse water and any cleaning of the process areas and/or equipment. (Water used for sanitary purposes such as toilets, sinks, and showers should not be included.)

Process 1 Name: NONE

Describe the use: \_\_\_\_\_ Volume: \_\_\_\_\_

Process 2 Name: \_\_\_\_\_

Describe the use: \_\_\_\_\_ Volume: \_\_\_\_\_

Makes 7/15

DOWNERS GROVE SANITARY DISTRICT  
PROHIBITED MATERIALS DISCHARGE REPORT  
January 1 through June 30, 1999

Company: MAGNETROL INTERNATIONAL

Location: 5300 Belmont Downers Grove, IL 60515

This Report was completed by: JAMES M. JANZ

Title: ENVIRONMENTAL COORDINATOR Phone: 630-969-4000 ext 366

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

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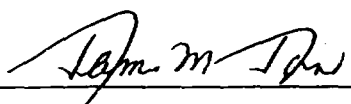
(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

- ◆ ☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.

The report must be signed by an authorized agent of the company named above:

Authorized Agent: JAMES M. JANZ Title: Environmental Coordinator  
(Please type or print name)

Signature:  Date: 7/10/99

DOWNERS GROVE SANITARY DISTRICT  
PROHIBITED MATERIALS DISCHARGE REPORT  
July 1 through December 31, 2000

Company: MAGNETROL INTERNATIONAL

Location: 5300 Belmont Downers Grove, IL 60515

This Report was completed by: JAMES M. JANI

Title: ENVIRONMENTAL COORDINATOR Phone: 630-969-4000

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

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The report must be signed by an authorized agent of the company named above:

Authorized Agent: JAMES M. JANI Title: ENVIRONMENTAL COORDINATOR  
(Please type or print name)

Signature:  Date: 1/29/01

MAILED 7/15/98

DOWNERS GROVE SANITARY DISTRICT  
PROHIBITED MATERIALS DISCHARGE REPORT  
January 1 through June 30, 1998

Company: MAGNETROL INTERNATIONAL

Location: 5300 Belmont Downers Grove, IL 60515

This Report was completed by: JAMES JANI

Title: ENVIRONMENTAL COORDINATOR Phone: 630-969-4000

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

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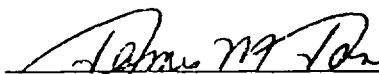
(please attach additional sheets)

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The report must be signed by an authorized agent of the company named above:

Authorized Agent: JAMES JANI Title: ENVIRONMENTAL COORDINATOR  
(Please type or print name)

Signature:  Date: 7/15/98

DOWNERS GROVE SANITARY DISTRICT  
PROHIBITED MATERIALS DISCHARGE REPORT  
July 1 through December 31, 1997

*Mail 1/26/98*

Company: MAGNETROL INTERNATIONAL

Location: 5300 Belmont Downers Grove, IL 60515

This Report was completed by: JAMES M. JANI

Title: ENVIRONMENTAL COORDINATOR Phone: 630 969-4000

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.

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The report must be signed by an authorized agent of the company named above:

Authorized Agent: JAMES M. JANI Title: ENVIRONMENTAL COORDINATOR  
(Please type or print name)

Signature: *James M. Jani* Date: 1/26/98

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
January 1 through June 30, 1997

Company Name: MAGNETROL INTERNATIONAL

Address: 5300 BELMONT Rd  
DOWNERS GROVE, IL 60515

Report Completed By: JAMES M. JANI

Title: ENVIRONMENTAL COORDINATOR Phone: 630-969-4000 ext 366

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

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(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: JAMES M. JANI  
(Please type or print name)

Signature: James M. Jani

Title: ENVIRONMENTAL COORDINATOR Date: 7/17/97

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
July 1 through December 31, 1996

*Martel*  
*1/9/97*

Company Name: MAGNETROL INTERNATIONAL

Address: 5300 BELMONT ROAD

DOWNERS GROVE, IL 60515

Report Completed By: JAMES JANI

Title: ENVIRONMENTAL COORDINATOR Phone: 630-969-4000 ext. 366

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.


(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: JAMES JANI  
(Please type or print name)

Signature: 

Title: ENVIRONMENTAL COORDINATOR Date: 01-09-97

Marked 1/9/96

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
July 1 through December 31, 1995

Company Name: MAGNETROL INTERNATIONAL, INC.

Address: 5300 BELMONT ROAD

DOWNERS GROVE, IL 60515

Report Completed By: JAMES JANI

Title: ENVIRONMENTAL COORDINATOR Phone: 708-969-4000

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

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(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: JAMES M. JANI

(Please type or print name)

Signature: James M. Jani

Title: ENVIRONMENTAL COORDINATOR

Date: 1/9/96

MAILED 7/17/96

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
January 1 through June 30, 1996

Company Name: MAGNETROL INTERNATIONAL

Address: 5300 BELMONT ROAD

DOWNERS GROVE, IL 60515

Report Completed By: JAMES JANI

Title: ENVIRONMENTAL COORDINATOR

Phone: 708-969-4000

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

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All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: JAMES M. JANI

(Please type or print name)

Signature: James M. Jani

Title: ENVIRONMENTAL COORDINATOR

Date: 7/17/96

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
January 1 through June 30, 1995

Company Name: MAGNETROL INT. INC.

Address: 5300 BELMONT ROAD

DOWNERS GROVE, IL

Report Completed By: JAMES JANI

Title: ENVIRONMENTAL COORDINATOR

Phone: 708-959-4500

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:

☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: JAMES JANI

(Please type or print name)

Signature: JAMES JANI

Title: ENVIRONMENTAL COORDINATOR

Date: 7/5/95

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
July 1 through December 31, 1994

Mailed  
11/16/95

Company Name: MAGNETROL INT. INC.

Address: 5300 BELMONT ROAD  
DOWNERS GROVE, IL

Report Completed By: JAMES JANI

Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

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(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

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All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: JAMES JANI  
(Please type or print name)

Signature: James M. Jani

Title: Environmental Coordinator Date: 1/11/95

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
January 1 through June 30, 1994

Company Name: MAGNETROL INT INC  
Address: 5300 BELMONT ROAD  
DOWNERS GROVE, IL  
Report Completed By: LOREN DATA  
Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

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(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

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All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: LOREN DATA  
(Please type or print name)  
Signature: *Loren Data*  
Title: Environmental Coordinator Date: 7/12/94

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
July 1 through December 31, 1993

Company Name: MAGNETROL INT INC.

Address: 5300 BELMONT RD

DOWNERS GROVE, IL. 60515

Report Completed By: Loren Data

Title: Environmental Coordinator Phone: 969-4000 (295)

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

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(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: LOREN DATA  
(Please type or print name)

Signature: Loren Data

Title: Environmental Coordinator Date: 1/10/94

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
January 1 through June 30, 1993

Company Name: Magnetrol

Address: 5300 Belmont Avenue  
Downers Grove, IL 60515

Report Completed By: LOREN DATA

Title: Environmental Coordinator Phone: 708-969-4000

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

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(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: LOREN DATA  
(Please type or print name)

Signature: Loren Data

Title: Environmental Coordinator Date: 7/9/93

mailed 1/19/93

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
July 1 through December 31, 1992

Company Name: MAGNETROL INT. INC.

Address: 5300 BELMONT RD.  
DOWNERS GROVE, IL

Report Completed By: LOREN DATA

Title: ENVIRONMENTAL COORDINATOR Phone: 767-4000

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: LOREN DATA  
(Please type or print name)

Signature: Loren Data

Title: Environmental Coordinator Date: 1/18/93

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
January 1 Through June 30, 1992

Company Name: MAGNETROL INT INC.

Address: 5300 BELMONT RD.

DOWNERS GROVE, IL

Report Completed By: LOREN DATA

Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: LOREN DATA  
(Please type or print name)

Signature: Loren Data

Title: Environmental Coordinator Date: 7/13/92



**Magnetrol**  
5300 Belmont Road  
Downers Grove, IL 60515-4499  
(708) 969-4000 • Telex 253085  
Fax (708) 969-9489

Downers Grove Sanitary Dist.  
2710 Curtiss Street  
P.O. Box 1412  
Downers Grove, Il. 60515

Attn: Janet M. Lacina

Dear Janet:

As of June of this year Magnetrol has eliminated the use of Freon from our production process. We are Freon clean.

Sincerely,

**Loren Data**  
Stockroom Supervisor/Environmental Coordinator

**The complete level specialist**

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
July 1 Through December 31, 1991

Company Name: MAGNETROL INT. INC.

Address: 5300 BELMONT AV.

DOWNERS GROVE

Report Completed By: LOREN DATA

Title: ENVIRONMENTAL Coordinator Phone: 969-4000 EXT. 295

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.

Approximately 15 gallons of water a week, used to dilute the  
film developer products that remain from a silver recover unit.

We do some film developing.

Magnetrol no longer uses Trichloroethylene or 1,1,1-Trichloroethane  
in any degreasing operations.

(Please attach additional sheets)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: LOREN DATA

(Please type or print name)

Signature: Loren Data

Title: Environmental Coordinator Date: 7/10/92

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
January 1, Through June 30, 1991

Company Name: MAGNETROL INT. INC.

Address: 5300 BELMONT AV.

DOWNERS GROVE

Report Completed by: LOREN DATA

Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000 EXT. 295

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

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(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill Containment, or Solvent Management Plan, submitted to the Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: LOREN DATA

(Type or Print)

Signature: Loren Data

Title: Environmental Coordinator

Date: 7/5/91

BOARD OF TRUSTEES

Hugh A. Williams, Jr.  
President  
Herbert R. Reich  
Vice-President  
Donald E. Eckmann  
Clerk



Downers  
Grove  
Sanitary  
District

2710 Curtiss Street  
P.O. Box 1412  
Downers Grove, IL 60515-0703  
708-969-0664

STAFF

Lawrence C. Cox  
General Manager  
Ralph E. Smith, Jr.  
Operations Director  
Sheila K. Henschel  
Administrative Services  
Director

LEGAL COUNSEL

Michael C. Wiedel

Providing a Better Environment for South Central  
DuPage County  
July 2, 1991

JANET TO TEST WATER  
12/79 O.K. PER Janet.  
Verbal, over the  
phone only.

Loren Data  
Emergency Coordinator  
Magnetrol International  
5300 Belmont Road  
Downers Grove, IL 60515

Dear Mr. Data:

Your facility is included in the Downers Grove Sanitary District's solvent and toxic materials management program, the purpose of which is to prevent the accidental or deliberate discharge of toxic material into the sanitary sewer system and provide assistance in the event of a discharge. Because of the materials in use or storage at your facility you are required to report to the District twice yearly in January and July, filing reports for the previous six month period.

A prohibited materials discharge report form is enclosed for you to complete for the period of January 1 through June 30, 1991. For any discharges, please describe the incident fully, the volume and nature of the material involved, how the material was cleaned up and disposed of and who was notified of the situation. If no discharges occurred during the reporting period, you shall certify that by checking the certification statement.

This would also be an appropriate time to review your spill containment or solvent management plan on file and update it if any procedural changes have been made. If there have been any changes, please contact me so the plan on file with the District can be updated.

The enclosed report must be completed, signed and returned to the District by July 31, 1991. Please feel free to call me if you have any questions regarding these reporting requirements.

Sincerely,  
DOWNERS GROVE-SANITARY DISTRICT

*Janet M. Lacina*

Janet M. Lacina  
Laboratory Services Director

Enclosure

Permit maybe required  
Silver Recover, Unit

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
July 1, Through December 31, 1990

Company Name: MAGNETROL INT. INC.

Address: 5300 BELMONT, RD

DOWNERS GROVE

Report Completed by: LOREN L. DATA

Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000 EXT 295

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

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(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill Containment, or Solvent Management Plan, submitted to the Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: LOREN L. DATA  
(Type or Print)

Signature: Loren L. Data

Title: Environmental Coordinator Date: 7/14/91

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
July 1, Through December 31, 1989

Company Name: MAGNETROL INT INC.

Address: 5300 BELMONT ROAD  
DOWNERS GROVE

Report Completed by: LOREN DATA

Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000 (Ext. 295)

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

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(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill Containment, or Solvent Management Plan, submitted to the Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: LOREN DATA  
(Type or Print)

Signature: Loren Data

Title: ENVIRONMENTAL COORDINATOR Date: 1/09/90

**DOWNERS GROVE SANITARY DISTRICT**  
**Prohibited Materials Discharge Report**  
**January 1, Through June 30, 1990**

Company Name: MAGNETROL INT. INC.

Address: 5300 BELMONT ROAD

DOWNERS GROVE, ILL

Report Completed by: LOREN DATA

Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

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(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill Containment, or Solvent Management Plan, submitted to the Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: LOREN DATA  
(Type or Print)

Signature: Loren Data

Title: Environmental Coordinator Date: 7/23/90

Responded on 2/1

BOARD OF TRUSTEES

Hugh A. Williams, Jr.  
President  
Herbert R. Reich  
Vice-President  
Donald E. Eckmann  
Clerk



Downers  
Grove  
Sanitary  
District

2710 Curtiss Street  
P.O. Box 1412  
Downers Grove, IL 60515-1412  
1-312-969-0664

STAFF

Lawrence C. Cox  
General Manager  
Ralph E. Smith, Jr.  
Operations Director  
Sheila K. Henschel  
Administrative Services  
Director

LEGAL COUNSEL

Michael C. Wiedel

*Providing a Better Environment for South Central  
DuPage County*

January 11, 1989

Loren Data  
Emergency Coordinator  
Magnetrol International  
5300 Belmont Road  
Downers Grove, IL 60515

Dear Mr. Data:

Your facility is included in the "Solvent Management" portion of the Downers Grove Sanitary District's Pretreatment Program because of the potential for discharge of materials which are prohibited from the sanitary sewer system.

Twice each year you are required to report to the District, summarizing the actions taken during and after any spills involving the prohibited materials. A Prohibited Materials Discharge Report Form is enclosed for you to complete for the period of July 1 through December 31, 1988. For any discharges, please describe the incident fully, the volume and nature of the material, how it was cleaned up and disposed of and who was notified. Also describe what actions have been taken to modify procedures to prevent a recurrence. If no discharges occurred during the reporting period, you may certify that by checking the certification statement.

This would also be an appropriate time to review the solvent management plan which was submitted to the District, and compare it to current procedures used in the handling, storing and disposal of prohibited materials. The District should be informed of any changes in writing so that the plan on file with the District can be updated.

The enclosed report must be completed, signed and returned to the Sanitary District by January 31, 1989. Please feel free to call me with any questions you may have regarding these reporting requirements.

Sincerely,  
DOWNERS GROVE SANITARY DISTRICT

*Janet M. Lacina*  
Janet M. Lacina  
Laboratory Services Director

Enclosure

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
January 1, Through June 30, 1989

Company Name: MAGNETROL INT. INC.

Address: 5300 BELMONT ROAD

DOWNERS GROVE, IL

Report Completed by: Loren Data

Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

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(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill Containment, or Solvent Management Plan, submitted to the Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: Joe Fiedler  
(Type or Print)

Signature: 

Title: Materials Mgr. Date: 7/3/89

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
July 1 through December 31, 1987

Company Name: MAGNETROL INTERNATIONAL

Address: 5300 BELMONT ROAD

DOWNERS GROVE

Report Completed by: LOREN DATA

Title: EMERGENCY COORDINATOR Phone: 312-969-4000

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

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(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Solvent Management Plan submitted to The Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: LOREN DATA  
(Type or Print)

Signature: Loren Data

Title: Emergency Coordinator Date: 1/11/88

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
January 1, Through June 30, 1988

Company Name: MAGNETROL INT. INC.

Address: 5300 BELMONT RD.

DOWNERS GROVE

Report Completed by: LOREN DATA

Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000 (295)

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Solvent Management Plan submitted to The Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: JOSEPH R FEDLER  
(Type or Print)

Signature: Joseph R Fedler

Title: MATERIALS MGR. Date: 7/13/88

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
January 1 through June 30, 1987

Company Name: MAGNETROL INTERNATIONAL INC.

Address: 5300 BELMONT ROAD

DOWNERS GROVE, IL

Report Completed by: LOREN DATA / *Loren Data*

Title: EMERGENCY COORDINATOR Phone: 969-4000

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Solvent Management Plan submitted to The Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: BOB BERGQUIST  
(Type or Print)

Signature: *R. G. Bergquist*

Title: DIRECTOR OF MANUFACTURING Date: 7/14/87

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
July 1 through December 31, 1986

Company Name: MAGNETROL INTERNATIONAL INC.

Address: 5300 BELMONT RD

DOWNERS GROVE, IL 60515

Report Completed by: Loren L. Data

Title: EMERGENCY COORDINATOR Phone: 312-969-4000

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.

(Please attach additional pages)

If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.

☒ "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Solvent Management Plan submitted to The Downers Grove Sanitary District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: ROBERT G. BERGQUIST  
(Type of Print)

Signature: R.G. Bergquist

Title: Director Mgt. Date: 1/12/87

146101

DOWNERS GROVE SANITARY DISTRICT  
Prohibited Materials Discharge Report  
Reporting Period: January 1 through June 30, 1986

Company Name: MAGNETROL International Incorporated

Address: 5300 Belmont Road

DOWNERS GROVE, IL

Report completed by: LOREN L. DATA

Title: Emergency Coordinator Phone No. 969-4000

Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions have been taken to prevent a recurrence.

(please attach additional pages)

If no discharge occurred during the reporting period, please indicate that by checking the certification statement below.



"Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the solvent management plan submitted to the District."

All reports must be signed by an Authorized Agent of the company named above:

Name of Authorized Agent: HARRY J. KLIMEK Date: 6/25/86  
(Type or Print)

Signature: Harry J. Klimek

Title: Production Manager

BOARD OF TRUSTEES

Hugh A. Williams, Jr.  
President  
Roy W. Roush, Jr.  
Vice-President  
Herbert R. Reich  
Clerk



Downers  
Grove  
Sanitary  
District

STAFF

Lawrence C. Cox  
Manager  
Ralph E. Smith, Jr.  
Operations Director  
Sheila K. Henschel  
Administrative Services  
Director  
Douglas A. Slansky  
Attorney

2710 Curtiss Street, Downers Grove, IL 60515  
~~1-312-969-8664~~

Providing a Better Environment for South Central  
DuPage County  
December 27, 1985

Judy,  
Please type  
me a envelope  
for this.  
Loren

Magnetrol International, Inc.  
5300 Belmont  
Downers Grove, IL 60515

Attn: Loren Data, Emergency Coordinator

Gentlemen:

Your facility is included in the "solvent management" portion of the Downers Grove Sanitary District's Pretreatment Program because of the potential for discharge of materials which are prohibited from the sanitary sewer system.

Semi-annually you are required to submit a report to the District summarizing what actions were taken during and after any discharge incidents involving prohibited materials. The report should include a description of what actions were taken to notify the District, and other authorities, how the material was cleaned up and disposed of, and most importantly, what has been done to revise your procedures or facilities to prevent a recurrence.

If no prohibited materials were discharged during the reporting period, you may certify that fact by checking the certification statement.

This would also be an appropriate time for you to review the solvent management plan which was submitted to the District, and compare it to current procedures. The District should be informed of any changes so that the plan on file can be updated.

The "Prohibited Materials Discharge Report" form which is enclosed should be completed, signed, and returned to the District office at the address above no later than January 31, 1986.

Please feel free to call me if you have any questions regarding the reporting requirements.

Sincerely,

DOWNERS GROVE SANITARY DISTRICT

*Janet M. Lacina*

Janet M. Lacina  
Laboratory Services Director

JML/jad  
Enclosure



**Magnetrol**  
5300 Belmont Road  
Downers Grove, IL 60515-4499  
(708) 969-4000 • Telex 253085  
Fax (708) 969-9489

Janet M. Lacina  
Laboratory Services Director  
Downers Grove Sanitary District  
2710 Curtiss Street, P.O. Box 1412  
Downers Grove, IL 60515

Dear Ms. Lacina:

Per are discussion on 4/10/90 I would like to update your department of the fact that Trichloroethylene is no longer used at Magnetrol. We considered it are greatest risk, both in the hazards of the product coupled with the volume stored. As you now are aware, are degreasing process is done with an alkaline base, water wash system. I will be following up this letter in a couple of weeks with a new chemical inventory currently used at Magnetrol.

Thank you for your assistance today and I hope the results will be favorable.

Sincerely,

Loren L. Data  
Environmental Coordinator

LD/ld

BOARD OF TRUSTEES

Donald E. Eckmann  
President  
Hugh A. Williams, Jr.  
Vice-President  
Herbert R. Reich  
Clerk

# Downers Grove Sanitary District

2710 Curtiss Street  
P.O. Box 1412  
Downers Grove, IL 60515-0703  
Phone: 708-969-0664  
Fax: 708-969-0827

STAFF

Lawrence C. Cox  
General Manager  
Ralph E. Smith, Jr.  
Operations Director  
Sheila K. Henschel  
Administrative Services  
Director

LEGAL COUNSEL

Michael C. Wiedel

*Providing a Better Environment for South Central  
DuPage County*

## COMMERCIAL/INDUSTRIAL WASTEWATER SURVEY 1992

COMPANY NAME: MAGNETROL INT. INC.

DIVISION NAME (if applicable): \_\_\_\_\_

ADDRESS: 5300 BELMONT RD.

CORPORATE ADDRESS (if applicable): \_\_\_\_\_

NAME OF CONTACT PERSON: LOREN DATA

TITLE: ENVIRONMENTAL COORDINATOR

PHONE NUMBER: 969-4000

### SECTION I GENERAL INFORMATION

1. Please provide a brief narrative description of the manufacturing or service activities at your facility:

Manufacturer of Liquid Level Switches. Store raw materials that are  
machined, welded, sandblast and painted. Hand assembly of  
printed circuit boards and all final products. Printing of  
our own literature and some film developing is also done on site.

2. List the Standard Industrial Classification Codes (SIC) which apply to your facility:

3823

3. Please check all the appropriate business functions that apply:

<input checked="" type="checkbox"/> Office space	<input checked="" type="checkbox"/> Printing/Engraving	<input checked="" type="checkbox"/> Warehouse
<input type="checkbox"/> Retail Store	<input checked="" type="checkbox"/> Medical Office	<input checked="" type="checkbox"/> Packaging
<input type="checkbox"/> Restaurant/Cafeteria	<input checked="" type="checkbox"/> Computer Center	<input checked="" type="checkbox"/> Assembly
<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Wholesale/Distributor	<input checked="" type="checkbox"/> Fabricating
<input type="checkbox"/> Truck Repair	<input checked="" type="checkbox"/> Photo Processing	<input checked="" type="checkbox"/> Manufacturing
<input type="checkbox"/> Laundry/Dry cleaner	<input type="checkbox"/> Industrial Laundry	<input checked="" type="checkbox"/> Laboratory
<input type="checkbox"/> Auto Body Shop	<input type="checkbox"/> Car Wash	

4. Hours of Operation

Shift	Does Shift Exist	Shift Start Time	Work Days Per Week	Number of Employees		
				Office	Plant	Total
1st	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6:00 AM	5 1/2			
2nd	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3rd	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					

5. Does your facility have seasonal or scheduled shut down periods?

Yes ☒ No ☐

If yes, please explain: Shut down for 10 days at Christmas.

To relax and enjoy the season

6. Are there any immediate (within one year) plans to change the products or services provided that would alter the information provided above?

Yes ☐ No ☒

If yes, please explain: \_\_\_\_\_

## SECTION II RAW MATERIALS

Please check all of the following chemicals or groups of chemicals which are used at your facility:

<input type="checkbox"/> Ammonia or Ammonia Compounds	<input checked="" type="checkbox"/> Acids
<input checked="" type="checkbox"/> Dyes or Coloring Agents	<input checked="" type="checkbox"/> Bases (Caustic Alkali)
<input checked="" type="checkbox"/> Oils (petroleum, vegetable or animal)	<input type="checkbox"/> Solvents (other than for cleaning)
<input checked="" type="checkbox"/> Cleaning Solvents	<input type="checkbox"/> Phenolic Compounds
<input type="checkbox"/> Soluble Metals or Metal (salt) Compounds	<input type="checkbox"/> Radioactive Elements

## SECTION III PRIORITY POLLUTANT INFORMATION

1. The following list of chemicals includes the priority pollutants. If any of these elements or compounds are known to be present in your facility's operations or are a by-product, please indicate by checking the appropriate line.

ITEM	CHEMICAL COMPOUND	ITEM	CHEMICAL COMPOUND
Metallic Compounds		Base/Neutral Organic Compounds	
<input checked="" type="checkbox"/>	1. Antimony	Polynuclear Aromatics	
<input type="checkbox"/>	2. Arsenic	<input type="checkbox"/>	44. Acenaphthalene
<input type="checkbox"/>	3. Beryllium	<input type="checkbox"/>	45. Acenaphthylene
<input checked="" type="checkbox"/>	4. Cadmium	<input type="checkbox"/>	46. Anthracene
<input checked="" type="checkbox"/>	5. Chromium	<input type="checkbox"/>	47. Benzo (a) anthracene
<input checked="" type="checkbox"/>	6. Copper	<input type="checkbox"/>	48. Benzo (b) fluoranthene
<input checked="" type="checkbox"/>	7. Lead	<input type="checkbox"/>	49. Benzo (k) fluoranthene
<input checked="" type="checkbox"/>	8. Mercury	<input type="checkbox"/>	50. Benzo (a) pyrene
<input checked="" type="checkbox"/>	9. Nickel	<input type="checkbox"/>	51. Benzo (g,h,i) perylene
<input type="checkbox"/>	10. Nickel	<input type="checkbox"/>	52. Chrysene
<input checked="" type="checkbox"/>	11. Silver	<input type="checkbox"/>	53. Dibenzo (a,h) anthracene
<input type="checkbox"/>	12. Thallium	<input type="checkbox"/>	54. Fluoranthene
<input checked="" type="checkbox"/>	13. Zinc	<input type="checkbox"/>	55. Fluorene
Volatile Organic Compounds		<input type="checkbox"/>	56. Indeno (1,2,3-cd)-pyrene
<input type="checkbox"/>	14. Acrolein	<input type="checkbox"/>	57. Naphthalene
<input type="checkbox"/>	15. Acrylonitrile	<input type="checkbox"/>	58. Phenanthrene
<input checked="" type="checkbox"/>	16. Benzene	<input type="checkbox"/>	59. Pyrene
<input type="checkbox"/>	17. Bromomethane	Base/Neutral Organic Compounds	
<input type="checkbox"/>	18. Bromodichloromethane	Ethers and Esters	
<input type="checkbox"/>	19. Bromoform	<input type="checkbox"/>	60. Bis(2-chloroethyl) ether
<input type="checkbox"/>	20. Carbon tetrachloride	<input type="checkbox"/>	61. Bis(2-chloroethoxy)methane
<input type="checkbox"/>	21. Chlorobenzene	<input type="checkbox"/>	62. Bis(2-ethylhexyl)phthalate
<input type="checkbox"/>	22. Chloroethane	<input type="checkbox"/>	63. Bis(2-chloroisopropyl)ether
<input type="checkbox"/>	23. 2-Chloroethyl vinyl ether	<input type="checkbox"/>	64. 4-Bromopenyl phenyl ether
<input type="checkbox"/>	24. Chloroform	<input type="checkbox"/>	65. Butyl benzyl phthalate
<input type="checkbox"/>	25. Chloromethane	<input type="checkbox"/>	66. 4-Chlorophenyl phenyl ether
<input type="checkbox"/>	26. Dibromochloroethane	<input type="checkbox"/>	67. Diethylphthalate
<input type="checkbox"/>	27. 1,1-Dichloroethane	<input type="checkbox"/>	68. Dimethylphthalate
<input type="checkbox"/>	28. 1,2-Dichloroethane	<input type="checkbox"/>	69. Dioctylphthalate
<input type="checkbox"/>	29. 1,1-Dichloroethene	<input type="checkbox"/>	70. Di-n-butylphthalate
<input type="checkbox"/>	30. Trans-1,2-Dichloroethene	<input type="checkbox"/>	71. Isophorone
<input type="checkbox"/>	31. 1,2-Dichloropropane	Base/Neutral Organic Compounds	
<input type="checkbox"/>	32. Cis-1,3-Dichloropropene	Nitrogen Containing Compounds	
<input type="checkbox"/>	33. Trans-1,3-Dichloropropene	<input type="checkbox"/>	72. Benzidine
<input checked="" type="checkbox"/>	34. Ethylbenzene	<input type="checkbox"/>	73. 2,4-Dinitrotoluene
<input checked="" type="checkbox"/>	35. Methylene chloride	<input type="checkbox"/>	74. 2,6-Dinitrotoluene
<input type="checkbox"/>	36. 1,1,2,2-Tetrachloroethane	<input type="checkbox"/>	75. 1,2-Diphenylhydrazine
<input type="checkbox"/>	37. Tetrachloroethane	<input type="checkbox"/>	76. Nitrobenzene
<input checked="" type="checkbox"/>	38. 1,1,1-Trichloroethane	<input type="checkbox"/>	77. N-Nitrosodimethylamine
<input checked="" type="checkbox"/>	39. 1,1,2-Trichloroethane	<input type="checkbox"/>	78. N-Nitrosodi-n-propylamine
<input type="checkbox"/>	40. Trichloroethene	<input type="checkbox"/>	79. N-Nitrosodiphenylamine
<input type="checkbox"/>	41. Trichlorofluoromethane	Base/Neutral Organic Compounds	
<input checked="" type="checkbox"/>	42. Toluene	Chlorinated Hydrocarbons	
<input type="checkbox"/>	43. Vinyl chloride	<input type="checkbox"/>	80. 2-Chloronaphthalene

ITEM	CHEMICAL COMPOUND	ITEM	CHEMICAL COMPOUND
Chlorinated Compounds		Pesticide Compounds	
___ 81.	1,3-Dichlorobenzene	___ 102.	Aldrin
___ 82.	1,4-Dichlorobenzene	___ 103.	Alpha-BHC
___ 83.	1,2-Dichlorobenzene	___ 104.	Beta-BHC
___ 84.	3,3'-Dichlorobenzene	___ 105.	Gamma-BHC (Lindane)
___ 85.	Hexachlorobenzene	___ 106.	Delta-BHC
___ 86.	Hexachlorobutadiene	___ 107.	Chlordane
___ 87.	Hexachloroethane	___ 108.	4,4'-DDD
___ 88.	Hexachlorocyclopentadiene	___ 109.	4,4'-DDE
___ 89.	2,3,7,8-tetrachloro- dibenzo-p-dioxin (TCDD)	___ 110.	4,4'-DDT
___ 90.	1,2,4-Trichlorobenzene	___ 111.	Dieldrin
Acid Organic Compounds		___ 112.	Endosulfan I
___ 91.	4-Chloro-3-methyl phenol	___ 113.	Endosulfan II
___ 92.	2-Chlorophenol	___ 114.	Endosulfan sulfate
___ 93.	2,4-Dichlorophenol	___ 115.	Endrin
___ 94.	2,4-Dimethylphenol	___ 116.	Endrin aldehyde
___ 95.	2,4-Dinitrophenol	___ 117.	Heptachlor
___ 96.	2-Methyl-4,6-dinitrophenol	___ 118.	Heptachlor epoxide
___ 97.	2-Nitrophenol	___ 119.	Toxaphene
___ 98.	4-Nitrophenol	___ 120.	PCB (any isomer)
___ 99.	Pentachlorophenol	Miscellaneous	
✓ 100.	Phenol	✓ 121.	Cyanide
___ 101.	2,4,6-Trichlorophenol	___ 122.	Asbestos
		___ 123.	Phenols

2. For the chemicals checked as known to be present above, please list the chemical compound by the item number and describe the amount used at you facility and the amount lost to the sanitary sewer to the extent that it is known:

ITEM NUMBER	ANNUAL USAGE (Pounds/Year)	CALCULATED LOSS TO SEWER (Pounds/Year)
1	500 Raw Stock, Solid	Ø
4	10 "	Ø
65	500 "	Ø
6	250 "	Ø
7	1684 "	Ø
8	939	Ø
9	562 Raw Stock, Solid	Ø
10	—	—
11	78	Ø
13	1 - 100 Raw Stock	Ø

## SECTION IV WATER USAGE INFORMATION

## 1. Raw Water Source

Please indicate your source(s) for water. Check whether the source is metered or estimated:

SOURCE	NUMBER OF CONNECTIONS	METERED	ESTIMATED
Municipal System	1	✓	
Private Well			
Other			

## 2. Please name the city, which is the source of any municipal water:

Chicago

## 3. How is water used within your facility? (Please check all that apply.)

- ☒ A. Sanitary Domestic
- ☐ B. Food Service
- ☒ C. Cooling Water (Direct contact)
- ☒ D. Cooling Water (Non-contact)
- ☐ E. Boiler Feed
- ☒ F. Air Conditioning
- ☐ G. Process Water
- ☒ H. Plant Maintenance (Clean-Up)
- ☐ I. Air Pollution Equipment
- ☒ J. Landscape Watering
- ☒ K. Other (Specify) Degreasing

## 4. What is the average daily process flow for your facility?

Average daily process flow: 667 Cu Ft. (8" line)

## SECTION V WASTE DISPOSAL AND PRETREATMENT INFORMATION

## 1. Briefly describe any processes in your facility where water is recycled:

Currently the water used for degreasing is sent out for disposal. It is mixed with machine oils & cutting fluids.

2. Briefly describe the reclamation or recycling of materials at your facility, and list in question 4, below, the materials that are stored on site for recycling/reclamation offsite.

SEE - 4

3. Is any pretreatment provided for wastewater before it is discharged to the sanitary sewer?

Yes ☐

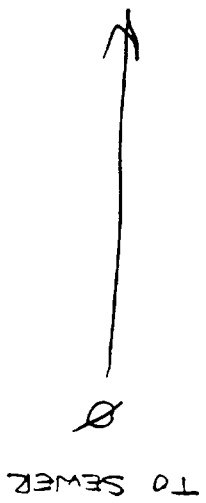
No ☒

If yes, please check the pretreatment process or device (check as many as are appropriate):

- |  |   |
|--|---|
| <input type="checkbox"/> Sump                          | <input type="checkbox"/> Chemical Oxidation         |
| <input type="checkbox"/> Septic Tank                   | <input type="checkbox"/> Chemical Precipitation     |
| <input type="checkbox"/> Grease Trap                   | <input type="checkbox"/> Reverse Osmosis            |
| <input type="checkbox"/> Triple Trap                   | <input type="checkbox"/> Ion Exchange               |
| <input type="checkbox"/> Grit Removal                  | <input type="checkbox"/> Ozonation                  |
| <input type="checkbox"/> Sedimentation                 | <input type="checkbox"/> Chlorination               |
| <input type="checkbox"/> Flow Equalization             | <input type="checkbox"/> Solvent Separation         |
| <input type="checkbox"/> Filtration                    | <input type="checkbox"/> Spill Protection           |
| <input type="checkbox"/> Neutralization, pH Correction | <input type="checkbox"/> Air Flotation              |
| <input type="checkbox"/> Silver Recovery               | <input type="checkbox"/> Centrifuge                 |
| <input type="checkbox"/> Absorption                    | <input type="checkbox"/> Cyclone                    |
| <input type="checkbox"/> Distillation & Stripping      | <input type="checkbox"/> Other Chemical Treatment   |
| <input type="checkbox"/> Evaporation                   | Type _____  |
| <input type="checkbox"/> Other Physical Treatment      | <input type="checkbox"/> Other Biological Treatment |
| Type _____   | Type _____  |

4. List all materials which are collected and/or stored for special or hazardous waste disposal or for recycling/reclamation:

Physical State (Liquid, Solid (tank, drum, etc.) or Gas)	Type of Storage Container	Quantity Disposed of During Calendar 1992	Disposal Method
Solid <u>Computer PAPER</u>	<u>DRUMS</u>	<u>1000-5000</u>	<u>PAPER RECYCLER</u>
" <u>AL. CANS</u>	<u>"</u>	<u>250 - 300 lbs</u>	<u>AL. RECYCLER</u>
Liquid <u>WASTE OIL &amp; WATER</u>	<u>"</u>	<u>3000</u>	<u>SEPERATED/REGEN</u>
Solid <u>Paint filters</u>	<u>"</u>	<u>300</u>	<u>INCIN.</u>
Solid <u>Flux</u>	<u>"</u>	<u>50</u>	<u>INCIN.</u>
Solid <u>Silver</u>	<u>PLASTIC PAIL</u>	<u>&lt; 1</u>	<u>Silver Recovery</u>



ANNUAL USAGE

1
4
80
15
1
1000
5
1

ITEM #

16
34
35
38
39
42
100
122

5. What is the name of your regular refuse hauler? ROTS
6. Has your facility submitted a spill containment or emergency response plan to the District?

Yes ☒ No ☐

If yes, please submit any changes to this plan. If no plan has been submitted, and one is required for your facility, we will send you a checklist for this activity.

## SECTION VI MISCELLANEOUS INFORMATION

### 1. Other Permit Information

Does your facility have an NPDES (National Pollutant Discharge Elimination System) permit for a surface water discharge?

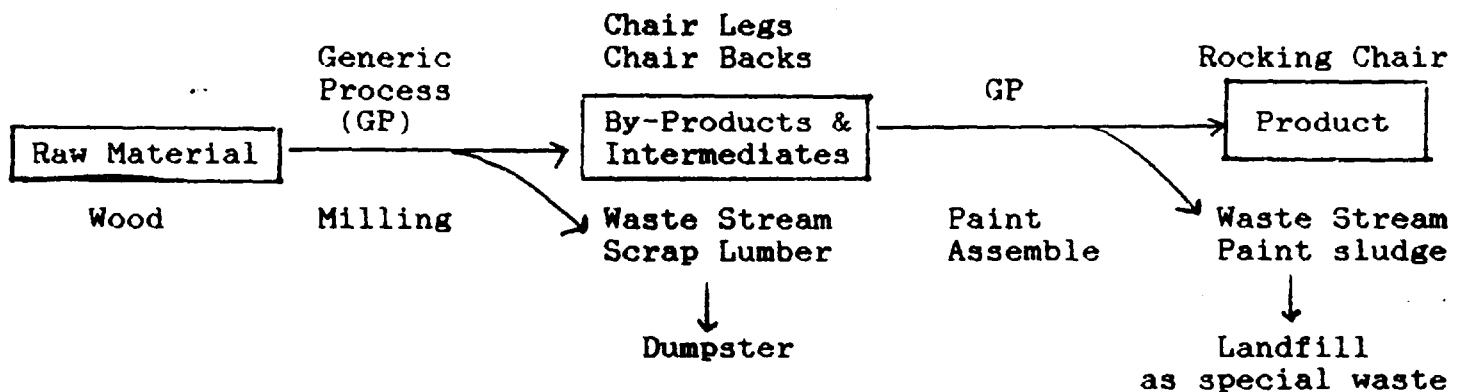
Yes ☐ No ☒ If yes, permit number(s) \_\_\_\_\_

Does your facility have a state air pollution permit?

Yes ☒ No ☐ If yes, permit number(s) 043030AAG

### 2. Process Flow Schematic

Please attach a flow chart of your major production process or service procedures, including the raw materials, products and wastestreams generated. The following is an example:



Raw materials may include feedstock, purchased materials which you further assemble, repackage, fabricate with, etc.

Generic processes may include chemical reactions by generic name, finishing operations, printing, packaging, assembly, etc.

Waste streams should include discharges to air, waterways, sanitary sewers, solid waste and re-use or recycled materials.

MAGNETROL INT. INC.  
WASTE STREAM

